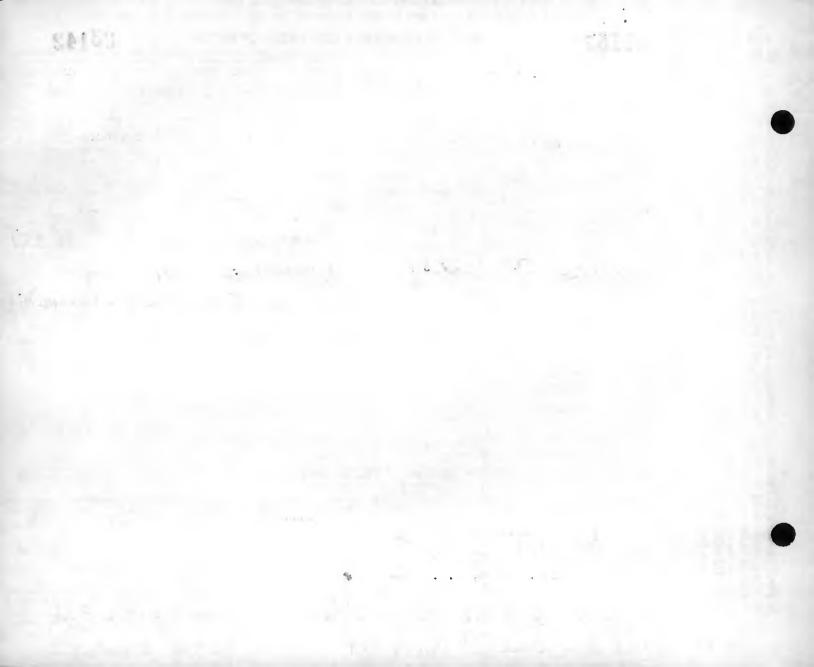
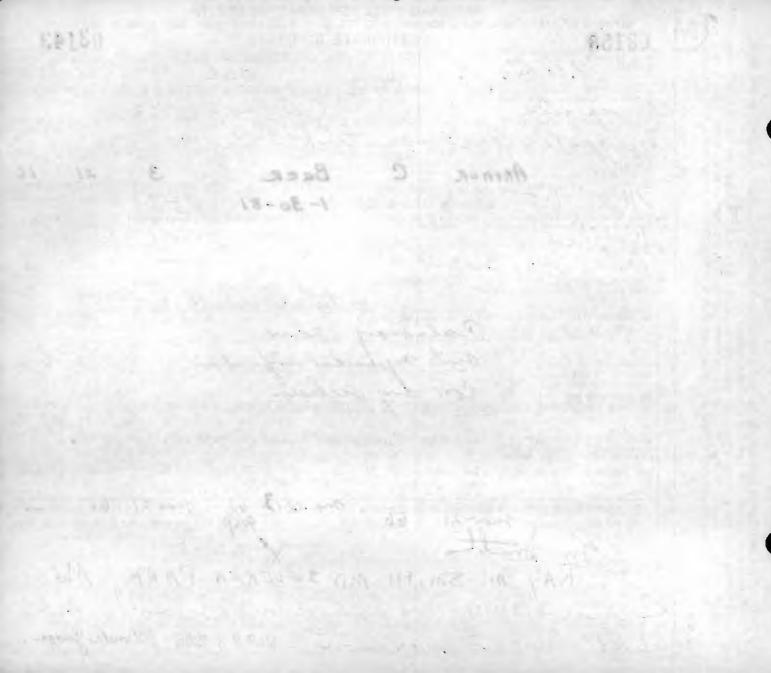
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 2 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 urs after hours after the f MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) è write RURAL and give nearest town) = bon papers. within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO Z YES within etely n any event, with 3. NAME OF First Middle DATE Month DECEASED Compl (Type or print) ARCH DEATH executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED 8. NEVER MARRIED Months | Davs Hours and WIDOWED F DIVORCED = 1Da. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) be COUNTRY certificate 3 removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME he attending ph permit. Then 6 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address INFORMAN' 5 (Yes, no, or unkown) ((If yes give war or dates of service) death cremation, the been signed by the the burial-transit is or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. SS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate OR ATTENDING PHYSICIAN: The be retained by the hospital or NO D YES 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) DIRECTOR: After this certing 3 should be detached led with the State Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work p.m 19 at work 21. I certify that (I) (this hospital) attended the deceased from 1960 1966 that (I) (we) last 19/06 and that death occurred at 257M. from the causes and on the date stated above. saw the deceased alive on 228 SIGNATURE 22b. DATE SIGNED page STAFF M.D. PHYS. . DIRECTOR 4 may FUNERAL 22d, ADDRESS director, p NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23c. LOCATION (City, town or county) (State) 2 (Specify) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 1/65

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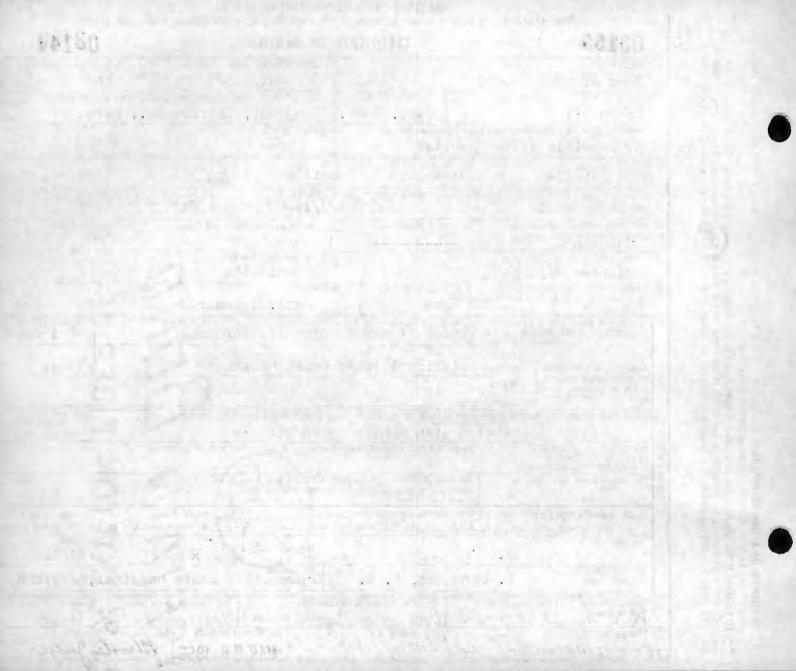
1 0	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	03157 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03142
HEALTH DEPT.	I. PLACE OF DEATH O. COUNTY Anne Arundel O. STATE MARYLAND Anne Arundel Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) O. STATE Maryland MARYLAND
PM3. Pogramment outment	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Annapolis c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Annapolis
S 1, 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Anne Arundel General d. STREET ADDRESS 59 College Creek Terrace ON A FARM? YES \(\sum \) NO \(\sum \)
ve Pag g with	3. NAME OF First Middle Last 4. DATE Month Doy Year OF OF DECEASED (Type or print) Charles Odell Alsop DEATH 3 8 166
24 hours after death. If in Item 18. Give Pages 1, r's Office along with form es Iond with the State De my event within 2 hours	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HR: male colored WIDOWED DIVORCED 1/1/1/1965 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HR: Nonth Nonth 1/2 No. 3 2.7
1 24 hour I in Item er's Offic ges I ond	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY 10c. WHAT COUNTRY 2 L. C.
be executed within 24 hours after death. "pending" in pencil in Item 18. Give Pages uef Medicol Exominer's Office along with franking pass I and with the State or removal, and in any event within 2 hour removal, and in any event within 2 hours.	Charles D. alsop Barbara any Gilmen
executed and adding in Medicol Experimit. Firemoval, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECTRITY NO. 17. INFORMANT Barbara any Olsep any Address
ficate should the ward ded to the Character as a burial-tre of, cremotion,	INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneumonia, bilateral UDE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) INTERVAL BETWEEN ONSET AND DEATH DUE TO (c)
This certification withing be forworded to be used as referenced to buriol,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
=	PERFORMED? YES NO CONTRIBUTING CONTRIBUTION
AL EXAMINER: execute the cert rr. Poge 4 should for your files. TOR: Poge 3 should ride.	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJURY OCCURRED While of work
EPUTY MEDIC Ssory, pleose funerol directo by be retoined NERAL DIREC th or its desig	21. I certify that I taak charge of the remains described above, held an Autapsy x, Inspection , Inquiry , and in my apinion death resulted fram: Natural causes x, Accident , Suicide , Hamicide , Undetermined manner . ACTUAL SIGNATURE
TO D nece the 5 m TO FU	230. BURIAL (RÉMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 46b. REGISTRAR'S AGMATURE
VR A15ME (5)	Dillagin Leac II - arma m. DATHMAR 10 1966 Valumela V.



1 %	1	DIVISION OF STATIS	MAR TICAL RESE		DEPARTMENT O DS, 301 W. PREST		ALTIMORE 1. I	MARYLAND
E 202	1	03158		CERTIFICA				03143
fune 1 and er dea	1.	PLACE OF DEATH a. COUNTY A. A.C.	0.	MARYLAN	a. STATE	MCE (Where deceased	b. COUNTY	Residence before admission)
in by the is. Pages 1	1	b. CITY OR TOWN (if outside corp write RURAL and give pearest	orate limits, town)	c. LENGTH OF STAY IN		(If outside corporate	e limits, write RURAL	L and give nearest town)
	1	d. NAME OF HOSPITAL OR INSTITU	ITION (if not in I	ospital, give street addre	ss) d. STREET ADDRES	Sala		9. IS RESIDENCE ON A FARM?
d within 24 I mpletely filled carbon paper ent, within 72	3.	NAME OF DECEASED	First	Middle	Last	4. DATE DF	Month	Day Year
cuted within completely ove carbon y event, with	5.	(Type or print) SEX 6. COLOR OR RA	TA+hUR CE 7. MARRIED	NEVER MARRIED	Baer 18. DATE OF BIRTH	DEATH 9. AGE		21 19 66 1 YEAR IF UNDER 24 HRS
in any	10a	USUAL OCCUPATION (Give kind of w	WIDOWED	DIVORCED CIND OF BUSINESS OR		County & State, or for	yrs. Months	Days Hours Min.
physical physical n please val, and	dur 13.	ng prost of working life, even if re	tired)	NDUSTRY	Back	no, on	d li	OUNTRYS a
certifica ding ph Then remova		John H.	Bal		14. MOTHER'S MA	4		
न मुन्द	(Ye	WAS DECEASED EVER IN U.S. ARMEI , no, or unknwn) (If yes give war or da	tes of service)	6	2 INFORMANT	ribull	Address	ne)
at the deat ian. d by the at ransit pern cremation,		18. CAUSE OF DEATH (Enter only PART J. DEATH WAS CAUSED IMMEDIATE CAU	BY:	line for (a), (b), and (c).]	Idema			ONSET AND DEATH
law requires that the attending physician. I has been signed by the as the burial-transit in prior to burial, creman		Conditions, If any, which }	UE 10 ac	who myoka	rdial info	aretin		5 days
ttending ttending has been as the t prior to b		gave rise to immediate (cause (a), stating the underlying cause last.	(c) C	wandry o	ecclusion			
N: The law tal or atte ificate ha for use a Health pr	CATION	PART II. OTHER SIGNIFICANT COND		UTING TO DEATH BUT NOT F	ELATED TO THE TERMINA	L DISEASE CONDITION	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
WE SECTION	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXA	DEATH	DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of Injury in Part I o	or Part II of Item 18	
ING PHYSICIAN d by the hospita After this certif 1 be detached f State Dept. of I	MEDICAL	20c. TIME OF INJURY Month, Da Hour a.m. p.m.	While	Not While	PLACE OF INJURY (Home, ictory, street, office bldg.		or town) (Co	unty) (State)
rending of a sined of the Sine of the Sin the	-	21. I certify that (i) (this h		ed the deceased from.	march 12;	Addition the		the date stated above
DIRE Be 3		22a. SIGNAFORE	mill		M.D. ATTENDING	MED. SI		DATE SIGNED
Page 4 may TO FUNERAL D director, pag should be file		22c. PHYSICIAN'S NAME (Type) RAY	m. <	Smith A	D SEVE	RNA P	ARK	Md.
Page TO FUN direct should	23a	DURIAL, CREMATION, 23b, DAY	TE THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATIO	ON (City, town of co	unty) M (State)
VR A15 (4) (1)	24.	FUNERAL DIRECTOR	0,6	ADDRESS	COW 25a. R	R 2 3 1966	000/	'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03159 113144 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 thin 72 haurs after death. requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY Anne Arundel County b. COUNTY Charles MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2vrs. 5mos. Nanjemov. Charles Co., Maryland 08-2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? completely filled Crownsville State Hospital None within YES NO [ban 3. NAME OF Middle 4. DATE Lost Month Year (Type or print) #26234 Charlotte Bailev 66 car DEATH 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR St pirthdoy) Months Days Hours White Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) . 12. CITIZEN OF WHAT INDUSTRY I JCCOUNTRY? New York Unknown 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remova Caroline Michael Helwio 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Hospital Records None IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
VENOUS Sta INTERVAL BETWEEN burial-transit Venous Stasis & Pulmonary Thrombosis ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO signed ! Arteriosclerotic Heart Disease Years Conditions, if ony, which gove rise to immediate couse (a), DUE TO aftending p stoting the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been the PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? of Health Inanition Associated With Senile Brain Bisease YES X NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this haspital) attended the deceased fram 10/16/ 1966, that (I) (we) last 1963 to 3/19/ saw the deceased alive an 1/3/19/ 19 66, and that death accurred at6: 35 M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. 3/22/66 X DIRECTOR M.D. 22d. ADDRESS Crownsville State Hospital,Maryland 22c. PHYSICIAN'S Benedict, M. D. NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) BUR IAC WAN Jemoy BADTIST (cme) 25b. REGISTRAR'S SIGNATURE TUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03160 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. COUNTY o. STATE NNE HRUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 outside carparate limits, write RURAL and give negrest town) WAPOLIS d. STREET ADDRESS 713 SEVERN OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? 05 PT. NO I NAME OF Middle Year DECEASED OF DEATH (Type or print) 9. AGE (In years **NEVER MARRIED** WHITE Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Suring most of working lift even if setired)
Supervisor Electronic Engruser ease U. S.GOVA 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? yes give wor or date of service) BARBER INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ong, (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by 2012/by DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO as the stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) far Use te Dept. af Health NO E YES the haspital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) Not While FOR HOSPITAL OR ATTENDING Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased from The 19-6, that (1) (we) last . 1962. to saw the deceased alive an 3 -18-19 6, and that death accurred at 15/ M. fram causes and an the date stated above 220. SIGNATURE DATE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OF CREMATORY
CEDAR BLUFF 23b. DATE THEREOF 230. BURIAL, CREMATION, 23d OCATION (City or Town) (County) (Stote) REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

1/(30 4c-7/0)40RC American Pour Remove AUNE ARUVOCE HURBPOLIS ADE BROKES 713 SEVERN AVE AA EEU HOSPT BARBER - MARCH 13 E KENDALL SEPT 3 1960 65 MALE WRITE Surremoster trums formers U. Stout ANNIPOLIS MD 45 WILLIAM T. BARBER EMMA P. SOMMERS YES WW II 219-16-1293 Mes FRANCES O. BARBER # 2 BURIEC MAR 23 MIG CEDAR BLUFF COM AULIPRILIS PRO JOHN M. TAYLER SOWS AND ARREAS MO.

MARYLAND STATE DEPARTMENT OF HEALTH - Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03146 03167 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, funst lution: Residence before admission) a COUNTY a. STATE b. COUNTY ij after death. MARYLAND Graffe ... b. CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS haurs ON A FARM Office alang with 3. NAME OF Last DATE DECEASED OF DEATH ERBERT BARTH WILLARD (Type or print) S SEX 8. DATE OF BIRTH AGE (In years ELINDER 1 YEAR IF UNDER 24 HRS unst birthday) Months 9-27-28 Days Hours 10a LSLAE OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? pages I pencil 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME CAMMER File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. remayal. (Yes, no ar unknown) lift yes give war or dates of service JULIE 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (o) Word certificate shauld crematian, DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(a) WAS AUTOPS) PERFORMED? YES 🗔 NO 2Da. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of niury in Port or Part L of Item 8) 3 shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page at wark ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 and in my opinian death resulted fram: Natural couses Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER the funeral TO DEPUTY Health , Address (Street, city, tawn, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 0 BALTIMORE BALTIMORE NATIONAL 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66



. 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
ь इंड्र <i>ी</i>	03162 CERTIFICATE OF DEATH 03147	
hours after the funeral nd 2 should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admissi	 on}
the fr	Anne Arundel Co. MARYLAND 8. STATE Md. 6. COUNTY Anne Arundel Co.	
by the and 2 death.	b. CITY OR TOWN (if outside compared limits I a LENGTH OF STAY IN 1)	
arrer o	write RURAL and give nearest lown)	
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street address) d. STREET ADDRESS d. STREET ADDRESS	CE.
	ON A FAR	M?
	3 NAME OF	X,
	DECEASED	
ı	/ 3/ MAI / V (- 7 / A/)	
ı	/ MARKIED NEVER MARKIED Months Days Hours Mun	
ı	Male White WIDOWED DIVORCED April 1, 1897 68 yes.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT	RY?
ı	Machinist Maryland Drydock England U.S.	
	13. FATHER'S NAME	
	unknown	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewarordetesofservice)	
	No Marie A. Bebbington - same	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: Malnutrition 2 mos.	
	Y X DUE TO	
	Conditions, if any, which \ (b) Metastases to Liver 6 mos.	_
	gave rise to immediate cause (a), stating the underlying DUE TO	
	cound last.) (c) Carcinoma of Rectum / 4r.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOP	5 Y
ų	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTON'S PERFORMED. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part II of Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part II of Part II of Item 1B.) If FITHER, NOTIFY MEDICAL EXAMINER)	
ı	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
I	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	
I	Hour a.m. While Not While factory, street, office bldg., etc.)	
	AA a/C At a/C a/	lact
	21 44 6 0 0 11 11 11 11 11 11 11 11 11 11 11 11	
ı	saw the deceased alive on	
ı	ATTENDING MED. STAFF SIGN	NED
	M.D. PHYS. DIRECTOR PHYS. 38 MAR 66	
	NAME (Type) C FAOI HALL	
	The state of the s	
١	REMOVAL (Specify)	
1	burial March 31,1966 New Cathedral Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE	
	George J. Gonce - 4001 Ritchie Hgwy., Baltimore of 1 1966 Clarks Judge	



CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY Anne Arundel . STATE aryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Annapolis Linthicum Hots. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS JS RESIDENCE ON A FARM? 408 Cleveland Bay Manor N/ Home YES NO K completely 3. NAME OF Middle DATE Month Day DECEASED OF (Type or print) DEATH Lina 66 Benson March 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in yaars | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Min. Days Hours Female June 1890 WIDOWED K DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Baltimore Co. Md. Homemaker Dwn Home U.S.A. 듄 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Makinson William Gable Edna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) | (Ifyes give war or dates of servica) Benson, Box 311 -Gettysburg. 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN ession, probable PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) 1201 **DUE TO** Conditions, if any, which (b) gava risa to immadiate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO JOHN TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🔽 265. DESCRIBE HOW INJURY OCCURED, lenter nature of in any in Part I or Part II of flam 18.) 20a, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20a PLACE OF INJURY (Homa, farm, 201. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year While Not While factory, street, office bldg., atc.) Hour a.m. at work at work p.m. 22 , 1956, that (1) (we) last lo saw the deceased alive on..... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. MD. MARKO FUNERAL 22d, ADDRESS NAME (Typa) OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION. | 23b DATE THEREOF REMOVAL (Specify) い古る 0 Loudon Park Cemetery Raltimore. Marviand Suria. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 7-62 Glen Burnie, Md. Hame

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLA

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	after death.	and de t	1.	PLACE OF DEATH					2. USUAL RESIDEN	CE (Where	deceased (idence be	fore admission)
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	¥	filled papers. in 72 h		d. NAME OF HOSPITAL	OR INSTITUTION (IF	not in hosp	Ital, give street	address)	d. STREET ADDRESS					0.	S RESIDENCE ON A FARM?
	24		K	IMBROUGH ARM	Y HOSPITAI	L			709 NOTTI	NGHAM	RD.			YES	feeting from the
	executed within	nding physician and completely filled in by Then please remove carbon papers. Pag removal, and in any event, within 72 hours	3.	NAME OF DECEASED	First		Middle		Last	I 4. DAT	E	Month		Day	Year
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	ute	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	5.			ARRIED	NEVER MARRIE	B XXC	. DATE OF BIRTH						UNDER 24 HRS Jours Min.
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11	e e	ian Se din	du	a. USUAL OCCUPATION (Givering most of working life,	e kind of work done even if retired)	10b. KIND	OF BUSINESS OF	R	11. BIRTHPLACE (county & Sta	ite, or fore	ign country)	12. CIT	IZEN OF JNTRY?	WHAT
C	- in	ysic plea plea , an		N/A		N	/A		BANGOR, I	IAINE			US.	A	
	ifica	id by the attending physician transit permit. Then please cremation, or removal, and in		, FATHER'S NAME					14. MOTHER'S MAI	DEN NAME					
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	£	e ij te	_ l ô	es, no, or unkown) (liyes g	ive war or dates of servi	ice) 10. 50(CIAL SECURITY N	J. 17.	INFORMANT			Address			
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	. Fe	sit sit		18. CAUSE OF DEATH PART 1. DEATH WA										ONSET	AL BETWEEN AND DEATH DIS
	rat cian	been signed by the the burial-transit or to burial, crema		CA IMME	DIATE CAUSE (a)_	ACUTE	PULMONA	Y 50) DA 1974					T-0	III'8
	S T	rial rial		Conditions, if any, wh	DUE TO	EO4 3	ND DEGRE	E BUR	MC						
	E pl	222		gave rise to immed	late (JUP 2.	ND DEGINE	E DUIT	140						
	agin di	or the		cause (a), stating underlying cause last.	1										
	law atte	has e as pri	증	PART II. OTHER SIGNIFIC	(c) _ CANT CONDITIONS C	DNTRIBUTIN	IG TO DEATH BUT	NOTRELAT	TED TO THE TERMINAL	DISEASECO	ONDITION	GIVEN IN PA	ART 1(a)	19. W	AS AUTOPSY
	The law requires that the death certificate or attending physician.	ate us	CERTIFICATION											YES	ERFORMED?
	ital ital		16	20a. ACCIDENT WAS UN	DERLYING	20b. DES	CRIBE HOW INJU	RY DCCUI	RRED. (Enter nature o	f InJury In	Part I or	Part II of	tem 18.)		
	PHYSICIAN: the hospital	cer ched	19	OR CONTRIBUTING TO C	DICAL EXAMINER)	Child	is all	edze	d to have	falle	n in	to a	tub (of	
	HYS he h	this et ac Del	CAL	20c. TIME OF INJURY	Month, Day, Year	20d. INJU	RY OCCURRED		E OF INJURY (Home, f y, street, office bldg., c		(City o		(Coun		(State)
	5 5	ter tate	MEDICAL	8:30 p.m.	2/27 19 66	While at work	Not While A	Hol			ltim	ore			Md.
	ATTENDING PHYSICIAN: The law requires that retained by the hospital or attending physician.	R: After this certificate has be ould be detached for use as the the State Dept. of Health prior	-	21. I certify that	(+) (this hospital)			romO	200 1 MAR, 1	9_66.	0.030	0 7 M/	JR19_6	5, that	(we) last
	Eair	# # # # # # # # # # # # # # # # # # #		saw the deceased		1 MAR			death occurred at						
	OR A	# 3E €		22a. SIGNATURE	011	47. 1.4.4			ATTENDING -	MED.	ST/		225. DA1		.D
	9. yo	Tilecton /		CO. DUNGIALOR	eam r	Bull		M.D.	PHYS.	DIRECTOR	☐ PH	rs. 2	3 MAJ	R 66	
	Page 4 may	TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c. PHYSICIAN'S NAME (Type)	RED NOMUR	A/CAPT	/MC		22d. ADDRESS KTMBROUG	LI ADM	V UOS	PTTAT.			
	HOS	Sect Section 1	23			7	3c. NAME OF C	FMFTFRY				(City, tow	n or coun	rîv)	(State)
	2 2	5 9 4	1.0	REMOVAL (Specify)	3/7/66				*						
			2	. FUNERAL DIRECTOR	5///00	IM	ADDRESS	KI UE	METERY #29 25a., RE	C'D BY RE	ELING GISTRAR		ISTRAR'S	GINIA SIGNATI	
		.15 (4)	1	UBBARD FUNKR	AT. HOME	4107 W	TLKENS A	VENIIE	" Z J	11	1000	11			4
	20M	1/65	1-	I DESCRIPTION I ON INC.	- on morning	. 207 1	Tarito 11	+ 14119 L	1 41115			#			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03150 03165 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed ved, if institution Residence before admission) 2, and 3 ta PM3. Page COUNTY n STATE b. COUNTY ₽ after death. Anne Arundel MARY, AND Marvland Anne Arundel delay Department b CIY OR TOWN (If outside corporate limits c LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) write R. Warran XXXX Glen Burnie Odenton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS haurs 1307 Demascus North Arundel General Hospital State | YES NO X 3 NAME OF First Middle 4 DATE 22 Month Dov Year DECEASED in Item 18. Give Per's Office alang wh the JOHN 3-29-66 DAVID BOOKTER = (Type or print) 19 DEATH 4 5 SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH AGE (In years IF UNDER I YEAR JE UNDER 24 HRS NEVER MARRIED 2 rthdoy) Hours haurs Male White WIDOWED DIVORCED Aug. 2. 1913 event 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHP, ACE (State or fore an country) 12 CITIZEN OF WHAT during most of working fe, even if retired) U.S.A. pages l in any (Civil Serv. Columbia. S. Carolina te certificate, writing the ward "pending" in pencil in should be forwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within John 0. Bookter Effie and Warth IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address San Anton: ar removal. (Yes, no, or unknown) (If yes give wor or dotes of service) 249 22 9005 Mr. Thomas C. Bookter (Brother) VES Texax 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (a) Ateriosclerotic cardiovascular disease burial, crematian, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUF TO stoting the underlying couse G PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? the certificate. YES XX NO agent, prior ta 20o. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of niury in Port I or Port II of Item 18.) TAL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Not While foctory, street, office bidg , etc.) DIRECTOR: Page designated 21. I certify that I taok charge of the remains described above, held an Autopsy [X], Inspection . inquiry and in my opin on the funeral directar. death resulted from Natural causes 😿 Accident_ Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL I SIGNATURE O DEPUTY 5 may be 10 FUNERAL Health ar DEPUTY MEDICAL EXAMINER 3-30-66 **EXAMINER'S** Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 250. REC D BY REGISTRAR REMOVAL (Specify) April 1986 Arlinoton National Fort Meyer, Virginia

AR 25b, REGISTRAR'S SIGNATURE Rurial 24. FUNERAL DIRECTOR VR A15ME (5) 1966 6M 1/66 Richard V. Singleton. Gleh Burnie. Md.

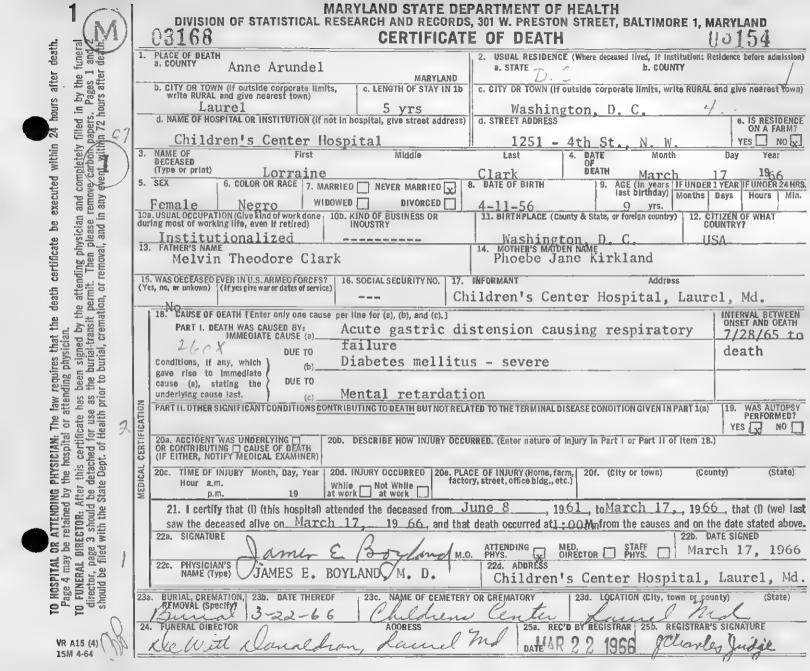


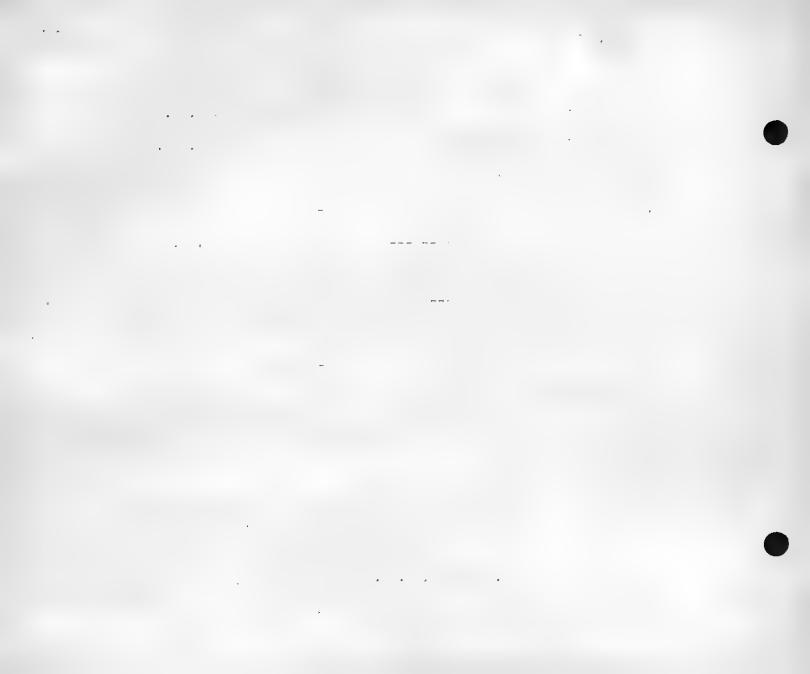
-	1 .~	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
,	M h= =	03166 CERTIFICATE OF DEATH
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after defib.	1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	after d the fu	Anne Arundel MARYLAND 410 Willow St. Accomack
	s af by tl page irs ad	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	hour I in S. f	Annapolis 22 days Chincoteague Island d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS. RESIDENCE
	24 ho filled papers in 72 h	U.S.Naval Hospital, Annapolis, Md. Virginia VES NO NO
	thin tely oon with	3 NAME OF First Middle Last A DATE Month Day Year
	d wi mple cart ent,	(Type or print) RODERT NATURAL BOWDEN DEATH 7 19
	executed within 24 hours after mand completely filled in by the farmove carbon papers. Pages 1 injany event, within 72 hours after	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years FUNDER 14EAR IF UNDER 24 HRS. Marrieo Min. Male Caucasian WIOOWEO DIVORCED 12 May 1924 Last birthday) Months Days Hours Min. Win. W
	exe exe	10a IISIIAL OCCIPATION (Give kind of work done 10h KING OF BUSINESS OR 11 BIRTHPI ACS (County & State or foreign country) 12 CITIZEN OF WHAT
	requires that the death certificate be eding physician. been signed by the attending physician, the burial-transit permit. They please to burial, cremation, or removal, and in or to burial, cremation, or removal, and in	during most of working life, even if retired) USCG RETIRED USCG RETIRED Chincoteague Island, Va. USA
	ate at a second	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Jing The emo	Maurice Elmer Bowden Ada Jester
	thence with court	15. WAS OFCEASED EVER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Iffyes give war or dates of service) Vec unknown Address Phyllis Francis (sister) Hayward Ave.
	deal he al perr tion,	Yes unknown - Phytris Francis (Sister) hayward Ave. [18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Salisbury, Md, INTERVAL BETWEEN
	the 1. by th nsit ama	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laennec's Cirrhosis ONSET AND GEATH
	that iiciar ned nl-tra ol, cr	O 2 // DUE TO
	phys sign	Conditions, if any, which \ (h)
	ling ling been the I	gave rise to immediate (cause (a), stating the DUE TO
	aw r ttenc nas as as	underlying cause last.) (c)
	The law or atter cate has as as asth pri	PERFORMEO? YES NO
	SCCAN: The law requires that the hospital or attending physician. It is certificate has been signed by the for use as the burial-transpt, of Health prior to burial, cre.	
	PHYSICIAN: the hospital this certifi detached foe e Dept, of H	
	> " = 60	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town)
	ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from 17 Feb 1966, to 9 Mar 1966, that (I) (we) last saw the deceased alive on March 1966, and that death occurred at Ollow, from the causes and on the date stated above.
	ATT rets	228. SICNATURE 22b. DATE SICNED
	y be DIRE age 3	M.D. ATTENOING MEO. STAFF N 9 March 1966
	TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with the	22c. PHYSICIAN'S NAME (Type) CONSTANTINE, LT. MC, USN U.S.NAVAL HOSPITAL, A'NAPOLIS, MARYLAND
	ro Hospital Page 4 ma O Funeral director, p	- A R OUNDING AND A STATE OF THE STATE OF TH
	5 5 5 9 %	Birla (Red Men Cemetery Chincoteague VA.
		24. FUNDRAL OLRECTOR ADDRESS 25d. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	John M. Jaylor + Spus Amna polis ; Mg. OATER I I 1956 Judge
	401VI 1/03	



CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Reserve of STATE Maryland b. COUNTY And Anne Arundel Maryland b. COUNTY Anne Arundel	ne Arundel
1 PLACE OF DEATH O. COUNTY Anné Arundel Maryland 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence of State Maryland D. COUNTY Anné Arundel Maryland Anné Arundel	ne Arundel
o. COUNTY Anné Arundel Marvland b. COUNTY An	
WINNIE TO THE	
Anne Arundel Maryland Plaryland An b. City Or Town (if outside corporate limits, write RURAL and give nearest fawn) Solution of the company	give neorest town)
write RURAL and give necrest town) Annapolis O days RURAL - Edgewater d NAME OF HOSPITAL OR INSTITUTION (If not in bosoital give street oddress) d SIPFET ADDRESS	//
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Anne Arundel General Hospital Rt-1, Box-490 3 NAME OF First Middle Lot 4. DATE Month OF DECEASED	YES NO
3 NAME OF DECEASED (Type or print) Mildred Louise BRICKER DEATH March	Doy Year 29 19 66
Type or print) Mildred Louise BRICKER DEATH MARCH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED Month Month	DER 1 YEAR IF UNDER 24 HRS
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthdoy) Female White WIDOWED DIVORCED May 24, 1907 58 yrs	
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BL SINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12	CITIZEN OF WHAT
during roof of working life, event fetwed) NDUSTRY HOME Indiana	COUNTRY?
13 FATHER'S NAME	
TOHN SNYDER MARY O'KOURKE	
1S WAS DECEASED EVER IN U.S. ARMED PORCES? 16 SOCIAL SECURITY NO VINFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service)	#2_
(Yes, no, grunknown) (If yes give wor or dotes at service) LAWRENCE F. BRICKER	
PAGE OF BRINK 0. COUNTY Anne Arundel 1.	INTERVAL BETWEEN MSELAND DEATH
New Section (c) (c)	Typ. 14(15.14.75054
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS ALTOPSY PERFORMED? YES NO
Storing the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 10	
20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While of work of twork of twork of two of two or	(County) (Stote)
21 certify that (I) (theschoold) attended the deceased fram June 1965, to Mar. 29, 1 saw the deceased alive an Mar. 29 1966, and that death accurred at M, fram causes and or 220. SIGNATURE 220. SIGNATURE 220. DIRECTOR PHYS. DIRECTOR PHYS.	19 <u>00</u> , that (I) (We) last n the date stated abave.
TE BE STAFF 226. SIGNATURE 226.	DATE SIGNED
MED. STAFF DIRECTOR D	
22c. PHYSICIAN'S NAME (Type) Richard I. Hochman, M.D. 22d. ADDRESS 59 Franklin St., Annapolis 23o. Burial, CREMATION, Removal (Specify) 3-1-1966 HILCREST 22d. ADDRESS 59 Franklin St., Annapolis 40 Proposition (City or Town) ANNAPOLIS	Md.
230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 239 LOCATION (City of Town)	(County) (Stote)
BURNALISPENTY 3-1-1966 HILLCREST HUNAPOLIS	H, H. MD.
VR A15 (4) OKUM Joylort Sous amapolis malo DATE AR 3 I 1966 256 2860 STRAGESTERS OF AND DATE AR 3 I 1966	les Judge

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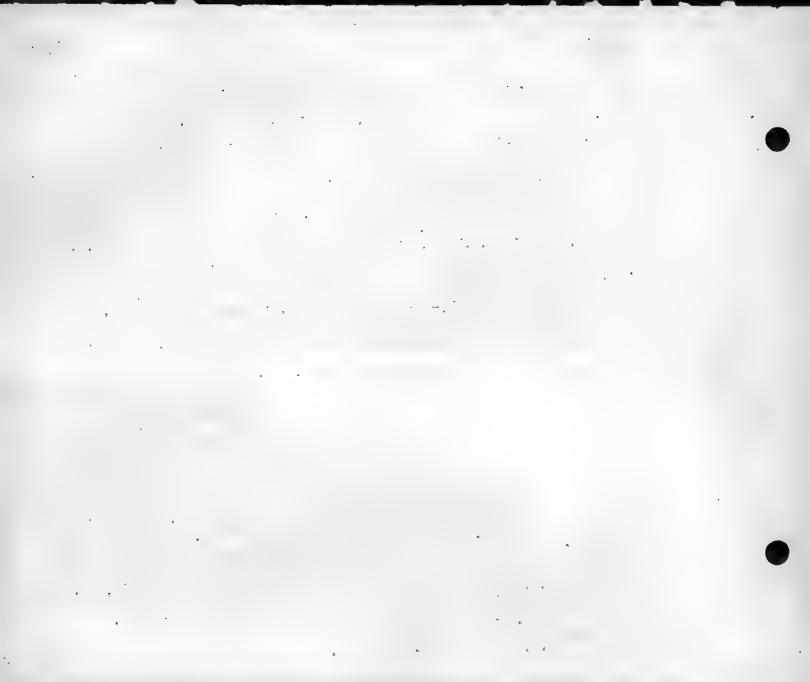




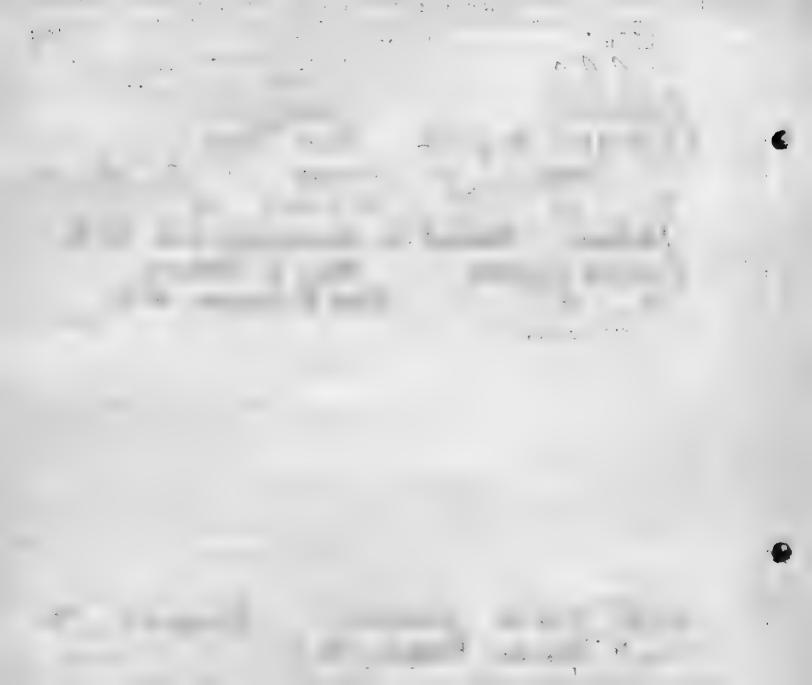
MADVIAND STATE DEPARTMENT OF HEALTH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate becaused within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	_	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS CERTIFICAT			BALTIMOR	E 1, MARY	155
	1.	PLACE OF DEATH a. COUNTY Anne Arundel	MARYLAND	a. STATE Mar	yland	b. COUNT	Anne	ce before admission) Arund el
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		rate Ilmits, write	e RURAL and g	Ive nearest town)
2		d. NAME OF HOSPITAL OR INSTITUTION (if not in h 36 Cathedral Street	ospital, give street address)	d. STREET ADDRESS 36 Cathe	dral St	reet		ON A FARM?
	3.	NAME OF PIRST CHARLOTTIE OR IC		Last TES	4. DATE OF DEATH	Month March	28	y Year 19 66
	1	sex 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED S	B. DATE OF BIRTH ept. 28-189			UNDER 1 YEA Ionths Days	Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b. King most of working life even if retured) US.N.	IND OF BUSINESS OR NOUSIRY A cadeny	Annapoli	ounty & State, or s, Mary	foreign country)	12. CITIZEN COUNTR U.S.	1¥7
	13.	FATHER'S NAME Louis Price		14. MOTHER'S MAID Rachel A		n		
	15. (Ye	S DO AF HIRNWIN I/I FURCHING WAY AND A STACE OF COUNTRY I		neva P. Edl	Ann	apoladdress	Marylar rk. Ter	id crace
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arte	ine for (a), (b), and (c).} eriosclerotic H	<u>vpertensive</u>	Cardio	vascular	ON	SET AND DEATH
		cause (a), stating the underlying cause last. Cenditions, if any, which (b) General (c) G	ralized Arteri	osclerosis				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDIT	TION GIVEN IN PA		PERFORMED?
^	CERTIF	20a. ACCIDENT WAS UNDERLYING DOB. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part	I or Part II of	tem 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at worl	וריין שווואר אטוו ריין	CE DF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (Cl	ty or town)	(County)	(State)
		21. I certify that (I) (this hospital) attend saw the deceased alive on Nor 28		death occurred at S	958 , to 16 9:49M, from MED.	the causes at	, 19 66 to do	IGNED
		220 PHYSICIAN'S R.L.Richardso		22d. ADDRESS				
~	23a	BELLOYAL (Specify) Mar. 31-66	23c. NAME OF CEMETERY Brewer Hill		23d. LOCA	TION (City, tow	n or county)	(State)
	24	FUNE AL DIRECTOR	ADDRESS Annapolis Md	25a. AP		RAR 25b. REG		NATURE Cuidal

VR A15 (4) 20M 1/65



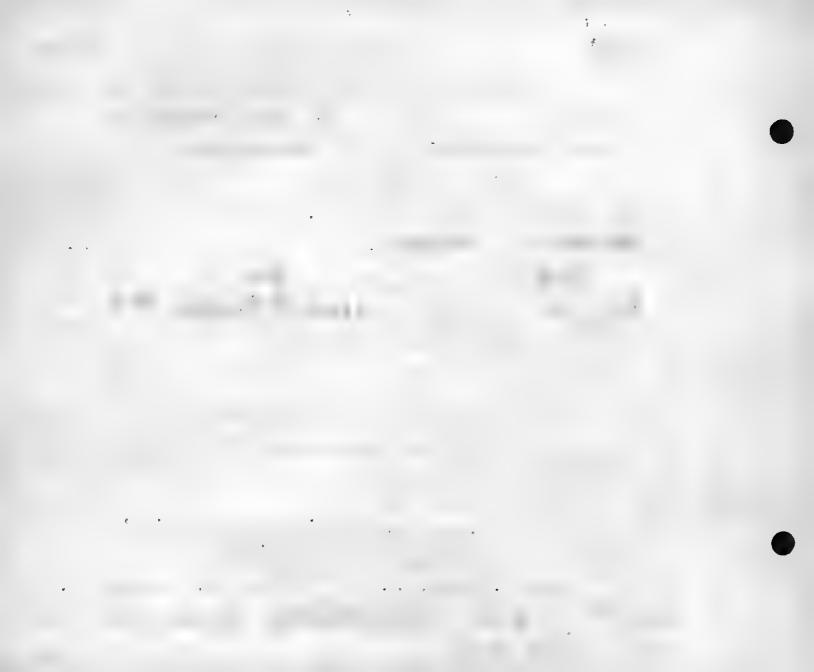
<u></u>		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1) 3156
NA'		PLACE OF DEATH / 2. USUAL RESIDENCE (Where deceased lived, if institu	0 2,017
رار ا		e. COUNTY H. H. CO. MARYLAND B. STATE M.D. b. COUNTY	DD.Co
		by TITY OR TOWN (if outside corporate limits, write RUR) write SURAL and give neglect town)	AL end give neerest town)
		HUNHPOLIS	
		of MANE OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	e, IS RESIDENCE ON A FARM? YES NO
	5.	NAME OF First Middle Last 4. DATE Month	Day Year
		ORDIE O CONRAD DEATH 3	22 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In Years IF UT	
	100	WIDOWED DIVORCED 1/- 7-703 C yrs. B. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, EIRTHPLACE (County & State, or fore-gn equility) 1.	2. CITIZEN OF WHAT COUNTRY?
	do	MECHANIC AMBEHRAT GO. HACKERS VALLEY W. Va.	4.S.A.
	13.	FATHER'S NAME	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
	(Y	12, no, pringhown) (Illyesgive werer detes of service) FLORA B. CONRAD #	2
		16. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c)] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN
		IMMEDIATE CAUSE (0)	- Hours
		Conditions, if any, which \ (b) \ (c) \ (c	Year
		gave rise to immediate cause (a), staling the underlying DUE TO	7
		Cause hart. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	BARTICALITA SHAC ALIFORN
	ATIO	PART IF, OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
	CERTIFICA	20e. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert or Part II of Item 18.)	144 0 44
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	10.77
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20t (City or town) Hour a.m. White Not White tectory, street, office bldg., etc.)	(County) (Stete)
	×		, 1966, that (I) (we) last
		saw the deceased alive on 3.127.19 and that death occurred 24 M, from the causes and	on the date stated above.
		22e. SIGNATURE ATTENDING MED. STAFF	3/25/16 SIGNED
,		22c. PHYSICIAN'S PHYS. DIRECTOR PHYS	1 / 1
1		NAME (Type) Gon Agn Cotunelt 121 Gelbealtes	Aurifolice
	23	BURIAL CREMATION 236. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION ICITY, lown or	county) (Steta)
2	24	FUNERAL DIRECTOR'S SIGNATURE A MADDRESS 1 250. REC'D BY REGISTRAR 1250. REGISTRAR 1250. REGISTRAR 1250.	AR'S SIGNATURE
Cf '	7	TOHN M. TAYLORY JOHS HUNAPOLIS, M.D. MAR 28 1966 golia	rles Judge
	-		0



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	I, MARYLAND
	03171 CERTIFICATE OF DEATH	00157
-	PLACE OF DEATH e. COUNTY AND ARVIAND D. CITY OR TOWN (if outside corporate limits, write RURAL C. CITY OR TOWN (if outside corporate limits, write RURAL	
-	d. NOME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) d. NOME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) d. STREET ADDRESS d. STREET ADDRESS DOL 389	IS RESIDEN ON A FAR YES NO
	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) And OF DEATH 3	29 19 66
	MALE NEGRO WIDOWED DIVORCED DAKNOWA 2 GJ. yrs. Months	
	e. USUAL OCCUPATION (GIVE kind of work one during most of working life even if retired) 7/1/10000 FATHER'S MANE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. 12. 14. MOTHER'S MAIDEN NAME	CITIZEN OF WHAT COUNT
17 (4	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or unknown) (If yes give we ror detes of zervice) 220 -03 -650 (D)	, Md.
	18. CAUSE OF DEATH [Enter only one cause per lim for (e), (b), and (c).] PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate cause (a), stehing the undarlying couse last. CRESINERY CORDINARY	INTERVAL BETWEEN ONSET AND DEATH & AMYS
MONEY CHILDRE	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P. 20e. ACCIDENT WAS UNDERLYING	ART 1(a) 19. WAS AUTOP PERFORMED YES NO
DEC 11 CENTER	[IF EITHER, NOTIFY MEDICAL EXAMINER]	County) (State)
	21. I certify that (I) (this hospital) attended the deceased from DEC 18 1863 to NAC 30, saw the deceased alive on NACC 30 19 64, and that death occurred as AM, from the causes and on	
	220. SIGNATURE (C. CLEARLY H. HELLE M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECT	22b. DA SIG
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR	aryland
	William Reese, 108 W. Washington DATE IN AN 3 1 1966 YOU	conles Judge

2.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and campletely filled in by the funeral scentare carban papers. Pages I and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased eved, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Anne Arundel b CITY OR TOWN (if autside carparate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RLRAL and give nearest town) EOR9 1 day Annapolis d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES 🗍 NO NAME OF First Middle Last DATE Month Day Year DECEASED COOPER 66 Bannie E. March 19 (Type or print) DEATH 8 DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** ast birthday) Months Days Haurs Male White WIDOWED K DIVORCED Dec. 30, 1876 signed by the attending physician and burial-transit permit. Then please cermburial, crematian, or remaval, and in ap-10a USLAL OCCUPATION (G ve kind of work done during most of working life even if retired) 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or fareign country) South Carolina MECHANIC 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, na, or anknown) (If yes give war or dates of service) COOPER INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) CONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause etached far use as the Dept. af Health priar to has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X this certificate PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20a, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice bldg., etc.) Not While of work L at work O FUNERAL DIRECTOR: After 21. I certify that (1) (this charginal) attended the deceased from Mar 15 _, 19_66, ta_Mar. 16_, 1966_, that (1) (WE) last be retained director, page 3 shauld should be filed with the 19 66, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on Mar. 16 22a SIGNATURE 22b. DATE SIGNED ATTENDING STAFF CELLECT M.D. DIRECTOR PHYS PHYS. 22d **ADDRESS** 22c. PHYSICIAN'S Page 4 may NAME (Type) Richard I. Hochman, M.D. 59 Franklin St., Annapolis, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town (County) BURIAL, CREMATION CEMETER 250 REC D BY REGISTRAR 2Sb. REGISTRAR 5 SIGNATURE **ADDRESS** NERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles



	ATE OF DEATH	
Them 2 hilm the	/5 4/1)/by - Mil	
1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where decessed lived, If institution: Residence before add	ntasion)
Anne Arundel MARY	A.A.	
b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STA write RURAL end give neerest town)		
Glen_Burnie	Glen Burnie 21061	
d NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street edde	d. STREET ADDRESS e. IS RESI	DENCE FARM?
North Arundel Hospital	301 Stewart Ave. YES N	10 🔲
3. NAME OF First Middle DECEASED (Type or print)	Lesi 4. DATE Month Dey Yeer OF	
Jody_ Lee	Davis DEATH 3 16 19 6	6_
MAKKIED NEVER MAKKIEL	lest birthday) Months Days House	Min.
	INDUSTRY II. BIRTHPLACE (County & Siete, or loreign country) 12. CITIZEN OF WHAT CO	LINITOV
done during most of working life, even if retired)		OININ]
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_Garv O'Dell Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO	Charlotte Seymour Address	-
(Yes, πa, or unkown) (Ifyes give werordeles of service)	Gary O'Dell Davis 801 Stewart Ave	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)	INTERVAL BETW	'EEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Immallinely	((letal abording 23 mgs)	SIB
7 / / X DUE TO		
Conditions, il eny, which (b)		
geve rise to immediate cause (e), steting the underlying DUE TO		
Ceuse lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AU PERFOR!	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY (OR CONTRIBUTING CAUSE OF DEATH IT EITHER, NOTIFY MEDICAL EXAMINER)		° 🗆
E 206. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.)	
	OO. DIACT OF INITIDE (II I	
Hour e.m. While Not While	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Si fectory, street, office bldg., etc.)	late)
	2 - 1611 3 11 11	
	I from 3 - / b, 1966, to 3 / 6, 1966, that (1) (w	
saw the deceased alive on	nd that death occurred at ###M, from the causes and on the date stated a	
1 Heerelly	ATTENDING MED. STAFF	DATE SIGNE
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	
Jaime Accinelli M. D.	204 Crain Highway S. W. Glen Bu	7777
	METERY OR CREMATORY 23d, LOCATION (City, town or county) (State	
REMOVAL (Specify)		
Burial 3/17/66 West F 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	riendship Howard County Md.	
Raymond C. Fink Glen Burni	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
/ Sten Butil	The state of the s	
6		



,		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
100	' (M)	Items: 13,14 per Court Order 5/29/28 CERTIFICATE OF DEATH
d th	nd 2	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
- o	une l a	o COUNTY Anne Arandel Maryland o STATE Maryland b COUNTY Anne Arundel
affe	he f ges afte	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
OUIS .	by 1 Pa ours	write RURAL and give neorest town) Annapolis D.O.A. Severna Park
requires that the deoth certificate be executed within 24 hours after death	lled in papers in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (H pot in hospital) d. STREET ADDRESS e is residence ON A FARM? YES \[\begin{array}{c} NO A FARM? YES \[\begin{array}
基	on p with	3 NAME OF First Middle Lost 4 DATE Month Day Year
₹	arba arba nt, v	(Type or print) Mary Louise DAI DEATH MARCH 24 19 00
xecute	comp nove c	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthday) Months Doys Hours Min. Fenale Negro WIDOWED DIVORCED June 22, 1899 66 yrs.
0	and and	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 105. KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 11. CITIZEN OF WHAT COUNTRY?
9	eose ond	Domestic Domestic H. H. W. Maryland U.S.
ific	nysic al, a	13 FATHER'S NAME
cert	The P	BENJAMIN WAY Lorenzo Day Rebech Johnson Lucie Day
쇁	ndin if.	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) 1.0. SOCIAL SECURITY NO. 17 INFORMANT
qe	erm erm er, o	NO 212-26-3163 MARY DAY SEVERNA PARK, MG
at the	r the nait p	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS (AUSED BY. IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)
±°.	d by cre	7834 DUE TO
ui.	hysi gne uriol	Conditions, if ony, which gove (b) (b) (b)
reg.	g p n sign o br	stoting the underlying couse DUE TO
»: •	ndin bee s th ior t	lost, (c)
<u>ا</u>	e hos use as ofth pri	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES \(\square\) NO (1)
SICIAN	spital of ertificot ed for of Hec	PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)
OR ATTENDING PHYSICIAN:	Page 4 may be retained by the haspital or offending physician. **Description of the complete of the following physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and intaken event, within 72 hours after death.	20c. TIME OF INJURY Month, Doy, Year Hour orn. p.m. 19 20d INJURY OCCURRED While of work of w
N.	After Store	21. I certify that (I) (1635) Control attended the deceased from Feb. , 1965, to 1-07, 19, that (I) (1905) last
EN	the day	saw the deceased alive an19, and that death accurred atM, fram causes and an the date stated above.
R AT	RECTO 3 should with	220. SIGNATURE ATTENDING M.D. PHYS. ATTENDING MED. 22b. DATE SIGNED 22c. STAFF PHYS. 1 3 - L Y - C S
TO HOSPITAL C	moy by RAL III Page be file	22c. PHYSICIAN'S A.T. Allen, M.D. 22d. ADDRESS 62 Cathedral St., Annapolis, Md.
as o	문학 등 전	230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Ť	\$! # # # # # # # # # # # # # # # # # # #	REMOVAL (Specify) 3/28/66 Mt CAlvery Arnold A.A.Co Md
1	VR A15 (4)	PA. FUNTERAL DIRECTOR 254 ADDRESS 25 MARCH BY REGISTRAR SAGNATURE
	•	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence befor admission, a. COUNTY a. STATE b. COUNTY Anne Arundel County MARYLAND Maryland St. Mary's b. CITY OR TOWN (if outs de corporate limits c. LENGTH OF STAY N 16 write RURAL and give negrest town) Calloway Crownsville davs d. NAME OF HOSPITAL OR INSTITUTION, if not in hospital, g.v. street address. d STREET ADDRESS a. IS RESIDENCE ON A FARM? refained he State Crownsville State Hosnital Hokoowa YES TO NO X 3. NAME OF 4, DATE Month DECERSED OF (Type or print) DEATH 3-#31508 Robert Dement 1966 with 72 h 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED X 2 with 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ast birthdey) Male Months W DOWED ! 1937 C WASS 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A. Dement Daisv homas 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address (Yas, no, or unkown) | (Ifyasgivewarordatesofservice) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for ,a 'b) and (c) Office along burial-transit INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Inanition and Dehydration IMMEDIATE CAUSE (a) DUE TO 6 Subdural Hemorrhage and Brain Trauma word "pending" in dical Examiner's Of uld be used as a bu burial, cremation, o Conditions, if any, which (b)_ gave rise to immadiate cause DUE TO (a), stating the underlying Accidental Fracture - Base of Skull cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING Struck by auto on road side CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month-Day. 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) SUPECT Steet office bldg., etc.) Not While Hour a.m. While _eonardtown Mary. at work X at work D. 60 20 21. I certify that I took charge of the remains described above, held an Autopsy inspection and in my opinion death resulted from Accident Su cide Homic de Undetermined manner causes CHIEF MEDICAL EXAMINER ACTUAL please executed should be for IO FUNERAL. Health or its d ASSISTANT MEDICAL EXAMINER T DATE SIGNED SIGNATURE M D DEPUTY MEDICAL EXAMINER EXAMINER'S Elmer G. Linhardt. 3/17/66 Address Street city town or county! 22a BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or country) (State) REMOVAL (Specify) BURIAL MARCH 19.1966 HOLY FACE CEMETERY GREAT MILLS MAR 23. FUNERAL DIRECTOR ADDRESS VR A15ME 5M 1/62 W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND

necessary, ector, Page

director.

24 hours ve Pages 1 PM3. Page

in pencil

writing the

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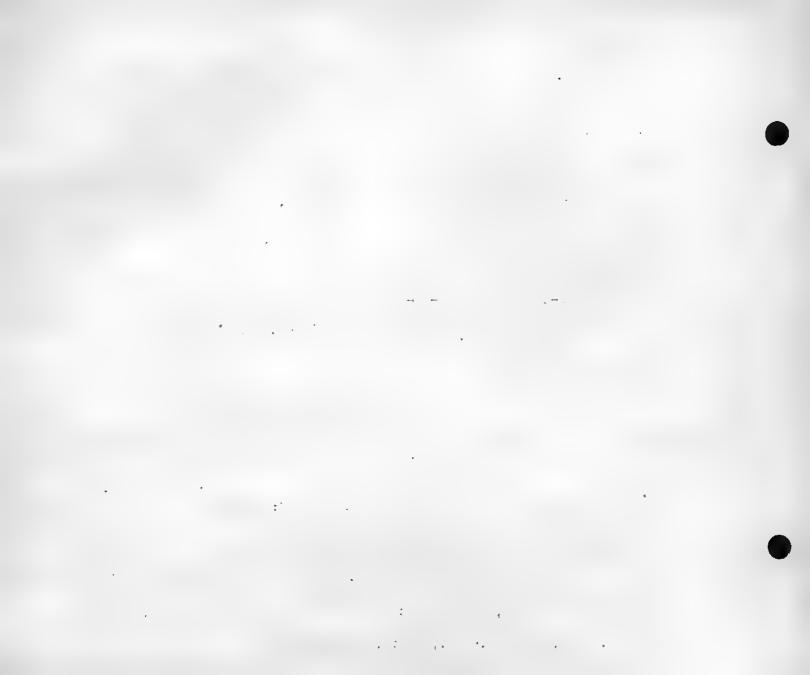
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YLAND STATE DEPARTMENT OF HEALTH

3-1 11

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYIA ND ARUNDEL ANNE ARUNDEL MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š bon papers. Pag within 72 hours HEROLD HARBOR FORT G G MEADE .5 9/12 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 KIMBROUGH ARMY HOSPITAL BOX 518 Route # NO X completely for carbon p YES death certificate be executed within NAME OF First Middle DATE Month Year DECEASED MAR (Type or print) EMORY EUGENE 19 66 DIETRICH DEATH 5. SEX 8. DATE OF BIRTH AGE (In years IFUNOER 1 YEAR IFUNOER 24 HRS. Bast birthday)

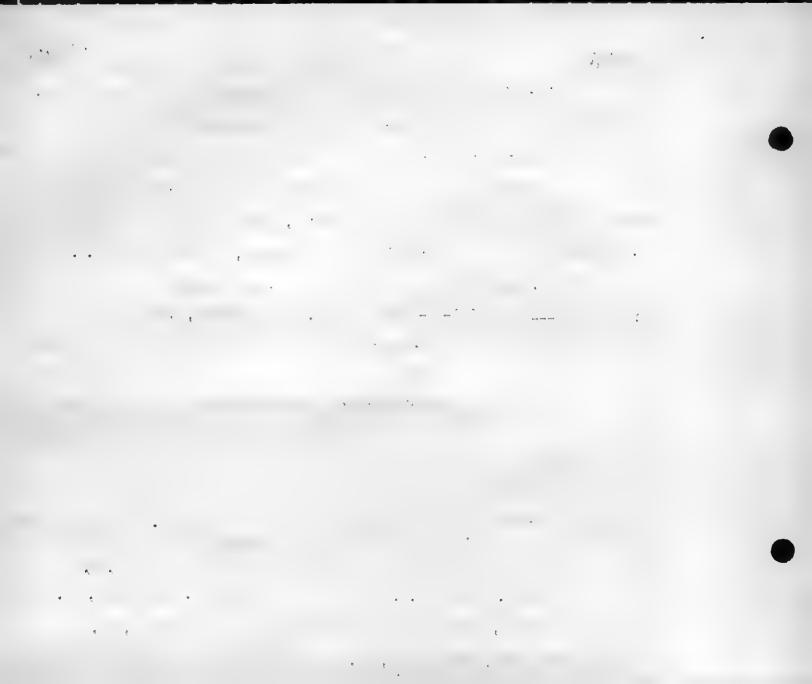
Months Days Hours Min. Me 6. COLOR OR RACE 9. 7. MARRIED NEVER MARRIED ettending physiclar and lemit. Then please cereon, or removal, and in any e Male Cau Aug 11.33 WIDOWED DIVORCED 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY ailor US NAVY Columbos, Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EMORY ERNEST DIETRICH Bernice Dolly 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address O FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed witll the State Dept. of Health prior to burial, cremation, or r (Yes, no, or unkown) [(If yes pive war or dates of service) 373-32-8679 Wife Same As Item # 2 1951-1966 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH that the Gen Mech trauma (head, thorax, abdomen and ext-PART I. CEATH WAS CAUSED BY: The law requires that to artending physician. IMMEDIATE CAUSE (a). 63 DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI YES TO NO the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) Apparently Ran into back of Road Grader MEDICAL 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Oav. Year 20f. (City or town) (County) (State) Hour 30th. Not While or at work Hearld Harbor, Md retained by Road Wav 21. I certify that # (this hospital) attended the deceased from DOA AT 19_____ that (I) (we) last saw the deceased alive on ...M. from the causes and on the date stated above. . and that death occurred at. 22a. SIGNATUR 22b. OATE SIGNEO OR be ATTENDING PHYS. MEO. STAFF PHYS. 2 Mar 66 X M.D. 4 may HOSPITAL PHYSICIAN'S NAME (Type) 22d. ADDRESS STRONG. CAPT, MC Kimbrough Army Hospital Ft GGMeade, Md BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, town or county) (State) March 5, 1966 Mooreville Cemetery, Washteneu County, Michigan REC'D BY REGISTRAR | 25b , REGISTRAR'S SIGNATURE Harold S. Wade, 550 Wash. Blvd., Laurel, Maryland VR A15 (4) 20M 1/65



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before adm.ssion) Ann. ..rundel a. COUNTY **b.** COUNTY Baltimore/ Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL and give nearest town) Baltimore Baltimore a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? 101 W. 11th Ave YES NO -101 W. 11th Avenue 3. NAME OF 4. DATE DECEASED (Type or print) DEATH March 1. 19 66 Clarence Dinse 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) DIVORCED | Aug. 18, 1905 Male WIDOWED 60₹ 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE County & State, or foreign country 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Transportation Manager Baltimore U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Max O. Dinse Matilda E. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO (Yas, no, or unkown) (Hyesgivewarordatespiservice) 212-09-4346 Charlotte Dinse - 101 W. 11th Avenue #25 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: GENERALIZED ABDOMINAL 18 MONTHS IMMEDIATE CAUSE (a) CARCINOMATOSIC DUE TO PRIMARY SOURCE COLON Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(6) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While et work Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from August 1. 1964, to MARCH 157, 1966, that (I) (we) last saw the deceased alive on The Kuntil 2819 C., and that death occured at 5.74M, from the causes and on the date stated above. 22e SIGNATURE SIGNED MED STAFF PHYS. 22d. ADDRESS 5000 BALTIMORE NATIONAL PIKE LLUIN N. BORDEN LTIMURE, MARYLAND 21229 23d, LOCATION (City, lown or county) 123c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) March 4, 1966 Druid Ridge Cemetery | Baltimore, Maryland Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 4600Liberty Hghts. Avenue

the first of the second A. Mario V. C. Grande, Nove Mario Mario C.

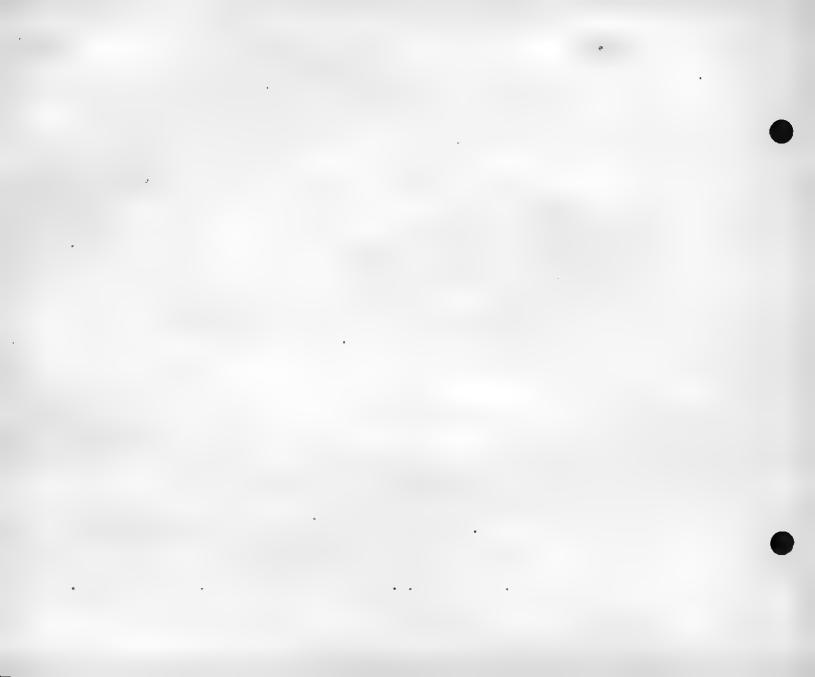
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) oletely filled in by the funeral carbon papers. Pages 1 ond ent, within 72 hours after deat o. STATE o. COUNTY b. COUNTY Anne Aruhdel Maryland MARYLAND Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside coreorate imits C LENGTH OF STAY IN 15 write RURAL and give negrest town) 17 days Glen Burnie Annapolis d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Hospital 214 D Street YES NO T NAME OF First Middle DATE Month Dov Yeor DECEASED Lillie DONALDSON 22 19 66 (Type or print) March DEATH 9. AGE (In years 1 YEAR IF UNDER 24 HRS. 5 SEX IF UNDER 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 83 yrs Dovs Female White WIDOWED TO DIVORCED July 2, 1882 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR Retired during most of working life, even if retired) COUNTRY? Maryland Baltimore. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar removal, Louisa Kleinheun George H. Vogt 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address 15 WAS DECEASED EVER IN U.S. AKMED FUNCES (Yes, no, or unknown) (If yes give wor or dotes of service) 213-03-5939 Mrs. Adele Sprague, same as 2 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY: signed by the buriol-transit p Heart failure IMMEDIATE CAUSE (o). Page 4 may be retained by the hospital ar ottending physicion. **DUE TO** buriol, (Years Uremia Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate hos been ed for use as the af Health prior to Arteriosclerosis nephrosclerosis Years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES XX NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work . 19 to Mar. 22, 19 66, that (I) (work last 19 66, and that death accurred at_ M, fram causes and an the date stated above saw the deceased alive an____ 10:00 PM 22b. DATE SIGNED 220 SIGNATURE ATTENDING M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) South RivMedCent. Edgewatere Md. Charles W. Kinzer, M.D. director, should 23b DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL CREMATION, 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Burial Specify) Mar. 26, 1966 Glen Burnie, Md. Glen Haven Memorial 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Kirkley Funeral Home, Glen Burnie, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH Pages 1 and 2 urs after deeth 12176 hours after death. PEACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. CDUNTY MARYLAND ANNE ARUNDEL COUNTY MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b ve carbon papers. Pag event, within 72 hours BLATIMORE Fort G G Meade. days filled in l d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS 2531 Loyola Northway DN A FARM? KIMBROUGH ARMY HOSPITAL NDK YES completely secuted within NAME OF First Month Day Middle Last DECEASED DOWNS RLIZABETH TANJANETTE (Type or print) DEATH MARCH 15 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SFX 6. COLDR DR RACE DATE OF BIRTH 9. NEVER MARRIED X last birthday) Months Hours an and c MARCH 10 1966 WIDDWED DIVDROED FEMALE NEGRO 6 10a. USUAL DCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physic please and i during most of working life, even if retired) INDUSTRY CDUNTRY? USA ANNE ARUNDEL. MD. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova ed by the attending patransit permit. Then, cremation, or remov? SP5 ALFRED L. DOWNS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? GLORIA ELKINS 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) | (If yes hive war or dates of service) SAME AS ITEM FATHER NO INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] has been signed by the as the burial-transit harior to burial, crema DNSET AND DEATH REMATURITY PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that ti the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last, (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use F Health r this certificate f detached for use to Dept, of Health PERFORMED? YES X ND DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Page 4 may be retained by the TO FUNERAL DIRECTOR. After this director, page 3 should be detained by filed with the State D factory, street, office bldg., etc.) Hour s.m. While Not While at work p.m. 19 at work 1966 10 Mar 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred att: 20AM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE STAFF 5 MARCH DIRECTOR M.D. **ADDRESS** PHYSICIAN'S 22d NAME (Type) MARINO R. BROUGH ARMY HOSPITAL FACELO NAME OF CEMETERY DR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMDVAL (Specify) 23d. 23b. DATE THEREDI 23c. AL 25b. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Marley 19 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Anne Arundel Maryland Anne Arundel papers. Pages 1 nn 72 hours after MARYLAND b CITY OR TOWN (If outside carparate limits. 6. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis filled in e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 413 Dewey Drive Anne Arundel General Hospital NO DE NAME OF First Middle 4. DATE Last Month completely DECEASED DUFF 19 66 Madelvn March Louise (Type or print) DEATH IF UNDER I YEAR SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 6 COLOR OR RACE 2 AGE (In years 7. MARRIED NEVER MARRIED remove @ast_birthday) Months Davs Female White WIDOWED DIVORCED July 11. and in any puo 10g USUA, OCCUPAT ON (Give kind of work done KIND OF BUSINESS OF 12. CITIZEN OF WHAT during most of yearking life, even if ret red) please COUNTRY? New Jersey 13. FATHERS or remayal. en 16. SOCIAL SECURITY NO. INFORMANI (Yes, na, ar unknown) ((If yes give war ar dates of service permit crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati ET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the prior to has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO X this certificate 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice blda., etc.) Hour a.m. While Not While of work at wark 21. I certify that (1) (1839 1839 1831) attended the deceased from Many 6 19.66 that (I) (ve) lost Mar. R 19_66 to be retained saw the deceased alive on... Marc 8 1966 , and that death occurred M, from causes and an the date stated above. O FUNERAL DIRECTOR: 22o. SIGNATURE 22h DATE SIGNED M.D DIRECTOR PHYS. PHYS. director, page should be filed TO HOSPITAL Page 4 may b 22d. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) Richard I. Hochman, M.D. Franklin St., Annapolis, Md. NAME OF CEMETERY OR CREMATOR (County) FUNTERAL DIRECTOR VR A15 (4) 20 M 1/66



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21. I certify that (II) this hospital) attended the deceased from 15, 1906, to 700, 1906, that saw the deceased alive on 1966, and that death occurred at 5 M, from the causes and on the date st 22a. SIGNATURE 122b. DATE SIGNET	tated above.
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NAME (Type) 1201 N. Calvert Street, Balto.	Md.
MED. STAFF DIRECTOR PHYS. Mac 2 Grant Director Phys. Med.	(State)
Burial 3 31 1966 New Cathedral Balto. Md.	IDE
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2DM 1/65 Inc CULLY 130 E. FORT AVE.	



1/		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
(M		03182 CERTIFICATE OF DEATH 03168
the funeral 1 2 should 1th.	1	PLACE OF PEATH a. COUNTY HOLE MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence bafors admission) b. COUNTY H.A. CO.
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NDING PR ined by the E. After this detached for t. of Health	TANGE A	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Home, term, 20f. (City or town) (County) (State) Hour a.m.
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HOSPITA ath. Page L FUNERAL ector, page filed with it		NAME (Type) annafalis, Tild
_ 60 .⊑ 60	2	38. BURIAL, CREMATION, 235. DATE THEREOF, 120 NAME OF GEMETERY OF CREMATIONY (City town or county) (State)
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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARKE CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence balors admission) a. COUNTY b. COUNTY e. STATE Anne Arundel Anne Arundel MARYLAND Marulandb. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Arnold Arnold d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? Shore YES NO Shore Acres NAME OF 4. DATE Middla Month Y ввг DECEASED OF DEATH (Type or print) Anna Marie March 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours Female WIDOWED DIVORCED liarchl 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Baltimore, Haryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lassen Dena John Krumm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Acres Arnold Md. 21012 Shore (Yes, no, or unkown) | (Ifyas give war or dates of service) Mr John Fairley Box 401 Rt 3 26 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geva rise to immadiata causa **DUE TO** (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of in ury in Part I or Part II of item 18.] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200, PLACE OF INJURY (Home, farm, (County) (Stata) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or lown) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from...... ,, and that death occurred ab. A M, from the causes and on the date stated above. saw the deceased alive on....... 22b DATE 228. SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. death. Page 4 PHYS. LLA ALD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 59 Franklin Street, Annapolis, Md. Hochman. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) å, di Buria Parkwood Beltimore Me ADDRESS 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) BALTO.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death, 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Desidence before odmission) COUNTY 1 MARYLAND C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) .= e. IS RESIDENCE INSTITUTION (if not in hospital, give street/address d. STREET ADDRESS filled ON A FARM? NO executed within completely carbon NAME OF Month DATE Last OF DEATH DECEASED (Type or print) FUNDER 24 HRS DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 6, COLO 9. 7. MARRIED NEVER MARRIED hirthday) | Months | Days Hours WIDOWED TO DIVORCED F 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if settred) 12. CITIZEN OF WHA 10b. KIND OF BUSINESS OR State, or foreign country) TUSE 13. FATHER'S NAME Address 16. SOCIAL SECURITY NO. 17. INDORMAN (Yes, no, or unknwn) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. been signed the burial-transport to burial, cre DUE TO Conditions, If any, which gave rise to immediate **BUE TO** cause (a), stating the underlying cause last. has as WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO T YES the hospital 208. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) of (County) (State) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work at, work p.m. 19 v 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should led with the date stated above. saw the deceased alive of ⊋and that death occurred at page ATTENDING BHYS. DIRECTOR M.D. O HOSPITAL PHYSICIAN'S NAME (Type) 22d. ADDRESS TO FUNERAL director, p should be 1 BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. Burial (Specify) Wayne Co., N. C. Tunner Ewamp Church Cemetery 3-10-66 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR 1966 Charles R. Law 802 Madison Ave. Balto.. VR AI5 (4) 20M 1/65

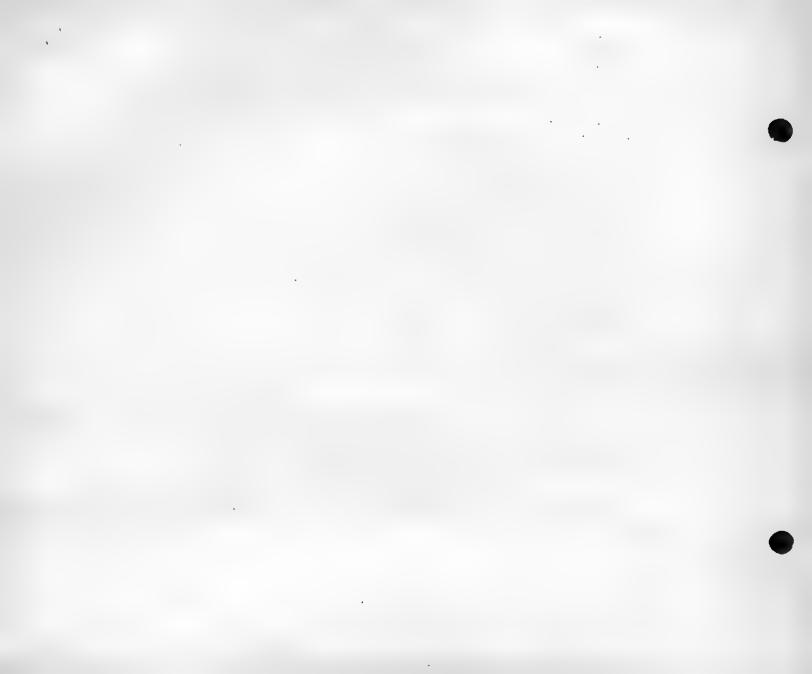
' !		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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the Ther	,levo	HENRY SCHAETER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. of unbown) (If yes give we or detes of service) TACK N. FRANCIS TR. #2
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E SON	0	21. I certify that (I) (this hospital) attended the deceased from [14] 16.7. to [12] M. M. In., 1965, that (I) (we) last saw the deceased alive on
IRE shou	Stat	22b, DATE
3 3 3	皇 /	Olliana Allect MD PHYS. DIRECTOR PHYS. 3/14/6-6
Page Fage	.¥	22c. PRYSICIAN'S NAME (Type) 22d ADDRESS
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03187 CERTIFICATE OF DEATH puo filled in by the funeral popers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY law requires that the death certificate be executed within 24 hours after de o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN Jb c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) popers. Pag hin 72 hours a write RJRAL and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES 1 NO N NAME OF Middle 4. DATE Manth Day Year DECEASED (Type or print) 19 DEATH signed by the attending physician and comp buriol-transit permit. Then please remove SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED last burtiday) Manths Days Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **JNDUSTRY** COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) cremotian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o LE DUE TO Conditions, if only, which gove rise to immediate cause (a). DUE TO stating the underlying couse use os the lath prior to b Page 4 may be retained by the hospital or attending has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT JUST RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate YES ō 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 등 OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form, (City or town) (County) (State) Rour o.m Not While factory-street, office bldg., etc.) While at work L at wark 21. 1 certify that (1) (this hospital) attended the deceased from 12 - 14-1959 to director, page 3 should should be filed with the 196 T, and that death occurred at 480 M, from causes and an the date stated above saw the deceased alive on 22a SIGNATURE 22b DATE SIGNED M.D DIRECTOR PHYS PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR 2Sb PEGISTRAR'S ADDRESS VR A15 (4)



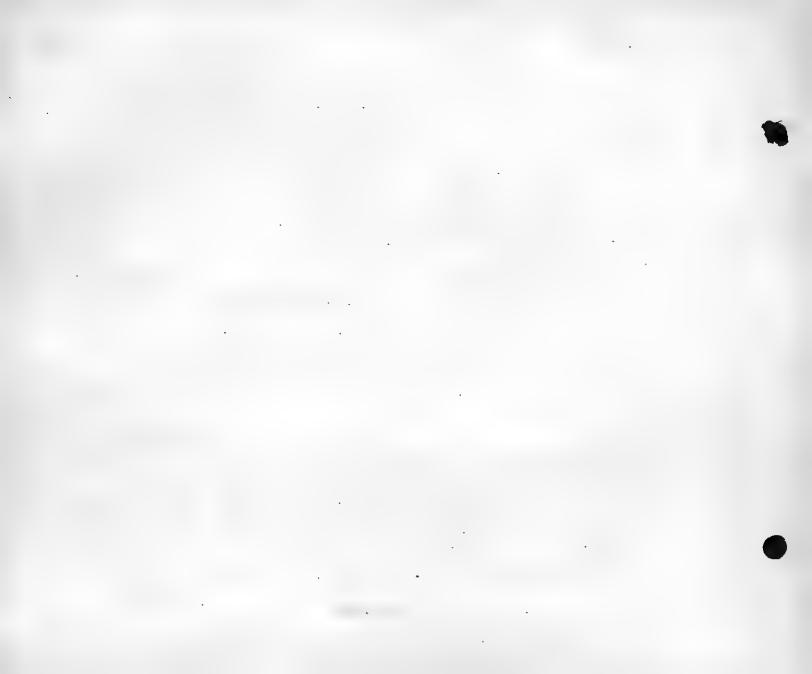
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03188 113174 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hmurs after death deoth puo filled in by the funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLANO b CITY OR TOWN (If outside corparate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)

(Dead on arrival)

Anne Arundel General Hospital d. STREET ADDRESS B IS RESIDENCE ON A FARM? 103 Ridgley Ave., NO X Pour 3 NAME OF Middle Last 4. DATE Month Dov Year DECEASED 19 66 FRUENCEL DEATH March (Type or print) 100 Virginia IF JNOER 24 HRS. S SEX 9 AGE (n years IF UNDER YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH emove birthday) Months Hours Days WIDOWED DIVORCED White Female 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) during most of working life even frefred) INOUSTRY Virginia MOND FATHER'S NAME phy WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, ng, o) unknown) [(If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause playing **buriol-transit** PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse os the priar to 'O FUNERAL DIRECTOR: After this certificate has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [19] 19. WAS AUTOPSY PERFORMED? F CATION use ₩O YES ö 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm (City or town) (County) (Stote) TIME OF INJURY Month Day, Year factory, street, affice bldg., etc) Not While at work 1966, that (I) (1978) last 21. I certify that (I) (this institute attended the deceased fram_____ , and that death accurred at 2 M, from causes and on the date stated above. saw the deceased alive and 22b, **OAJE SIGNEO** DIRECTOR PHYS PHYS 22d. AODRESS PHYSICIAN S director, pur NAME (Type) Annapolis. Franklin Edward M.D Beck BURIAL, CREMATION, DATE THEREOF LOCATION (City or Tawn) (County) (State) REGISTRAR'S SIGNATURE AODRESS 25a REC'D BY REGISTRAR bSh. VR A15 (4) 20 M 1/66

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20	1 A	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	1. MARYLAND
-	4 20 %	03189 CERTIFICATE OF DEATH	03175
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	executed within and completely remove carbon prany event, within	WIDOWED DIVORCED //an // 18 78 8 7 yrs.	
) C .30	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. UNDUSTRY 13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14. BIRTHPLACE (County & State, or foreign country) 15. KIND OF BUSINESS OR 16. KIND OF BUSINESS OR 17. BIRTHPLACE (County & State, or foreign country) 17. BIRTHPLACE (County & State, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
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	e death certificate the attending physic it permit. Then pled nation, or removal, an	Address (Yes, no, or unknown) (If yes give with or dates of service)	5 Box 228 to Beach
	at the deat ian. d by the at Iransit pern cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART 1 DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
	that t sician. med b al-tran al, cre	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) DUE TO DUE	3 days
	The law requires that the death certificate be or attending physician. Sate has been signed by the attending physicial use as the burial-transit permit. Then please salth prior to burial, cremation, or removal, and the salth prior to burial, cremation, or removal, and the salth prior to burial.	Conditions, if any, which gave rise to Immediate cause (a), stating the DUE TO	ican 10 yrs 4
	law re attendil has be as th	underlying cause last. (c) Maluntrillon and Femiles	1(a) 19. WAS AUTOPSY
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	O HOSPITAL Page 4 may O FUNERAL director, pa	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown of REMOVAL (Specify)	(State)
	100	2 / 1/1 = 1/	TRAR'S SIGNATURE
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PLACE OF DEATH

03190

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

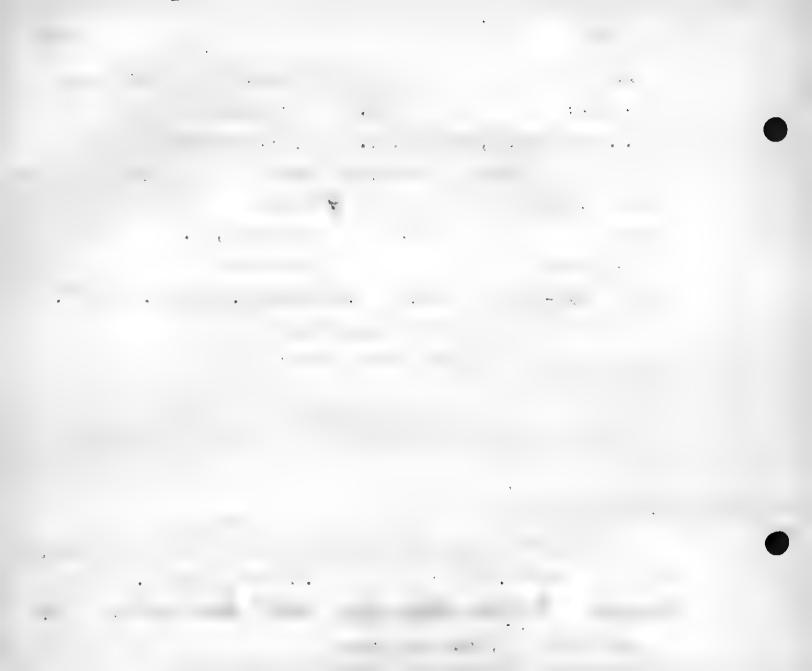
Reg. Dist. No. (3176 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

o. county A nne Arundel	MARYLAND	o. STATE Marylar	ad b. COUNTY	Anne Arundel		
b. CITY OR TOWN (If outside corporate lemits, write RUR)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or	utside corporate limits, write R	URAL and give nearest town)		
Annapolis 10 yrs. Annapolis						
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3. NAME OF alias First OFCEASED (Type or print) GEORGIANNA or G	Middle EORGIA MILLER GAR	CALLED CO. CO.	DATE Month OF DEATH March 15	Day Year 19 66		
5. SEX 6. COLOR OF RACE 7.	MARRIED NEYER MARRIED 1	. DATE OF BIRTH	9 AGE (In years	FUNDER TYEAR IF UNDER 24 HRS.		
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10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	A.A.Co. Ma		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
Joseph Creek		Cornelia I	Brown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT	Address			
NO	None Ro	salce C. Hayos	s-26 Bunche St	. Anna. Md.		
18. CAUSE OF DEATH [Enter only one couse pe	er line for (o), (b), and (c)]		*	INTERVAL BETWEEN		
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7 20 DUE TO		//				
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gove rise to Immediate cause (o), stating the underlying DUE TO						
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PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT F	OT RELATED TO THE TERMINA	ALDISEASE CONDITION GIVE	PERFORMED?		
S One extension called was for or	COMPENSAL CHARLES ACCUSED A		and the state of t	YES NO		
CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURRED. (nter noture or injury in Port I	or Port II of Hem 18.]			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(Colinity) (State)		
21. I certify that I took charge of	the remains described abo	ve, held an Autopsy	, Inspection 3.	inquiry , and find that		
death resulted from Netural caus	ses . Accident ., Sui	cide 🔲, Homicide [, Undetermined ca	use .		
ACTUAL SIGNATURE Juste	-	_M.D. CHIEF MEDICAL EXAM	_	DATE SIGNED		
EXAMINER'S E.G.LINHARDT		ASSISTANT MEDICAL DEPUTY MEDICAL EX		3/15/66		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 2	2d. LOCATION (City, town, or			
Burial Mar. 18-66			Annapolis, Md			
23. FUNERAL EMPLOYES GNATURE	ADDRESS icks 111 Annapoli		17 1966 PEGIST	rar's signature		
- V - V - V - V - V - V - V - V - V - V		DATEIN .	1 1000	1 0		

VS. A1SME(S) 5M 9/55

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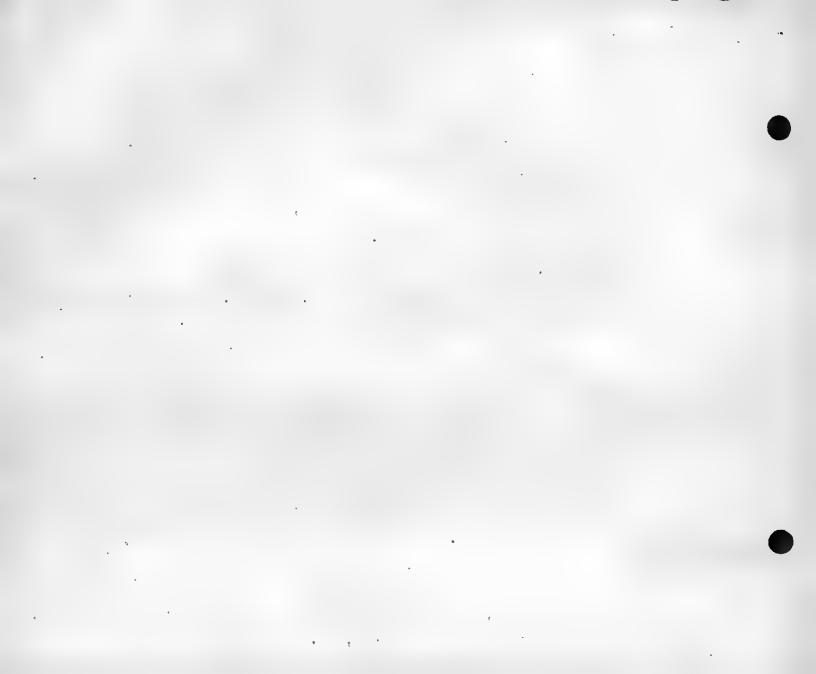
æi			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
60	funeral and 2 r death		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
24 hours after death	a fu		ANNE ARUNDEL MARYLAND b. COUNTY ARUNDEL
affe	by the Pages J urs after	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
S I	Pa Pa ours		ANNAPOLIS 43YRS. ANNAPOLIS
윤	ers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. is resident
	pap din 7	r(b	OA)U.S. NAVAL HOSPITAL, ANNAPOLIS, MD. 518 HORNPOINT DRIVE
香	completely filled in by the 've carbon papers. Pages 1 event, within 72 hours after	100	NAME DF First Middle Last 14. DATE Month Day Year
	cart mt,		(Type or print) WILLIAM OTTERBINE GARNES DEATH MARCH 19 19 66
A STATE OF THE STA	o A G		S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HI
execut	and emo any		MALE CAUCASIAN WIDOWED DIVORCED MAY 1887 Iss birthday) Months Days Hours Min
	sician ease and in	- 6	Da. USUAL DCCUPATION (Give kind of work done industry USN III. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY USN CHAMBERS BURG, PA.
icat			3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Ē	remova		WILLIAM GARNES EIRA CROMMELL
law requires that the death certificate be trending physician.	he attending ph permit. Then ition, or removal		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT (WIFE) BEULAH E. GARNES DR., ANNA, MD.
t the d	sit ma		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCT
the	gne ial-t		4201 DUE TD
res	bur bur		Cenditions, If any, which gave rise to Immediate (b) CORONARY ARTERIAL ANTEROSCLEROSIS
equ	the c		cause (a), stating the DUE TO
aw r	Sizici],	underlying cause last. (c)
12 E	icate h or use lealth	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
PHYSICIAN:	this certificate had be a feet of Health b		
NG PHY	After this d be deta		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, tarm, Hour a.m. While at work at
ion par	PE S		21. 1 certify that (I) (this hospital) attended the deceased from
T E	# Short		saw the deceased alive on19, and that death occurred at 7:25 MM rom the causes and on the date stated above
L OR ATTENDING	O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22a. SIGNATURE RELET Y. H. T. M.D. ATTENDING MED. STAFF NO 20 MARCH 1966
HOSPITAL Page 4 may	NERAL Stor, p	1	22c. PHYSICIAN'S NAME (Type) ROBERT D. HOAG U.S. NAVHOSP, ANNA, MD.
TO HOSI	TO FU direct		3a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY DR CREMATORY 1/28. LOCATION (City, town or county) (State) Survival (Specify) 3-23-66 Heliugton NATL. Horlington Va.
			24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE
	AI5 (4)		JOHN PAYLOR & SONS / ANNAPOLIS MARYLAND DAMAR 2 2 1966 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STA **EXAMINER'S** CERTIFICATE OF DEATH DEPT PLACE OF DEATH 1. VSUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) nco a. STATE b. COUNTY MARYLAND Department after death. funeral CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Авш RURAL - Flew d. NAME OF HÖSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours a wueenstown Road e Pages 1, 2, and 3 with form PM3. P NAME OF First Middle Lest DATE Month Day Yeer the 72 DECEASED DF 3 1966 (Type or print) DEATH athin athin SEX 6. COLOR OR RACE E'OF BIRTH 7. MARRIEO AGE Un yeers I IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIEO rthday) Months Devs Hours 65 WIDOWED OIVORCEO. Give Pa 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) after 1 INDUSTRY COUNTRY 18. Gi Laundress MOTHER'S MAIDEN NAME 13. FATHER'S NAME 24 hours EXAMINER: This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office Vinnie Joe Burt File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address permit. (Yes, no. or sankown) (If yes give war or dates of service) Md Gayle, Box 206 John ${ t Mr}$ INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) cremation, **OUE TO** Conditions, if any, which (b) rise to immediate **OUE TO** cause (e), stating the used as a to burial, (æ underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO DO YES 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE DF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Hour e.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion DIRECTOR: death resulted Hom Natural causes Accident Suicide Homlcide Undetermined manner for your CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** please ex director. retained NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) DATE THEREOF of REMOVAL (Specify) Auburn Cemetry Baltimore Md 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR Adolphus Halstead 1206 W North Ave 1966 VR ALSME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY arter Anne Arundel ihe H Marvland Anne Arundel MARYLANO b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page þ write RURAL and give nearest town) hours .≘ Glen Burnie 14 Years Glen Burnie papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET AODRESS e. IS RESIDENCE 24 ON A FARM? withm Dorchester Road 133 Doschester Rd. YES NO within etely Dog Э. NAME OF First Middle DATE Last Month Day Year DECEASED DF remove cart (Type or print) Gardner DEATH Lvnn George March 1966 executed 6. COLOR OR RACE 7. MARRIEOXX NEVER MARRIED 5. SEX DATE OF BIRTH ACE (In years HE UNOFR 1 YEAR HE UNDER 24 HRS. 9. last birthday) | Months | Days Hours and WIOOWFO [DIVORCED Male Aun B 1900 65 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KING OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician 6326 law requires that the death certificate be during most of working life, even If retired) INOUSTRY COUNTRY? sheet metal Finoles Co. Worker USA Marvland ᇗ 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then гетоуа Robert W. Mary Lynn George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 9 permit (Yes, no, or unkown) (If yes nive war or dates of service) 216 05 1861 George (wife) cremation, Ethel M. Same no. CAUSE OF CEATH (Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN 4 ONSET AND DEATH transi á PART I. OEATH WAS CAUSED BYattending physician. IMMEDIATE CAUSE (a) gned burial-burial, DUF TO \$ Conditions, If any, which (b) gave rise to Immediate 휴유 **OUE TO** (a), stating underlying cause last. (c) 88 CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO 5 YES CERTIF hospital PHYSICIAN: 20a, ACCIOENT WAS UNDERLYING F OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) be de State | factory, street, office bldg., etc.) Hour OIRECTOR: After age 3 should be dilled with the State а.т. Not While at work ATTENDING p.m. at work 1966 21. I certify that (I) (this hospital) attended the deceased from 19.66 and that death occurred at 0.307 M. from the causes and on the date stated above. saw the deceased alive of 22a, SICNATURE þe page filed MED. ATTENDING M.D. PHYS. DIRECTOR PHYS. 4 may FUNERAL 22c. PHYSICIAN'S AOORESS director, p should be i NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23a. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 1966 Glen Haven Memorial
ADDRESS | 25a. buria. PK Burnie Glen 24. A SUNERALIDIRECTOR REC'D BY REGISTRAR I RECISTRAR'S SIGNATURE Home / Glen Burnie, Md. Funeral VR A15 (4) 20 M 1/65



CERTIFICATE OF DEATH 03194 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) PLACE OF DEATH O COUNTY a. STATE **b** COUNTY b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cohen Burnel Colon d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Norfolk Rd ON A FARM? 831 nortolk all YES | NO K NAME OF Middle 4. DATE Month Yeor FRANCIS DECEASED (Type or print) 19 6 9. AGE (In years lost birthdoy) SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours DIVORCED [WIDOWED 17 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

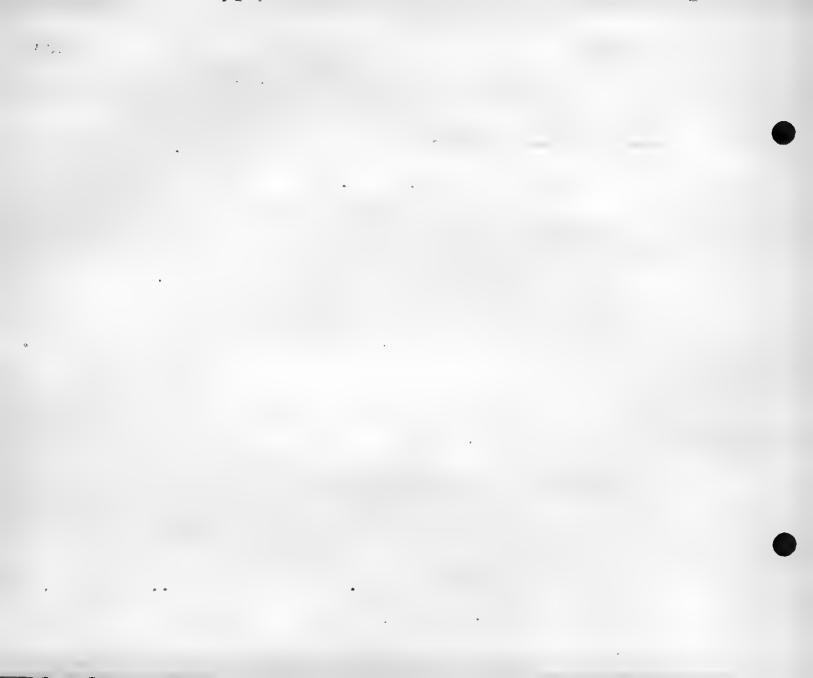
71. BIRTHPLACE (Stole or foreign country)

Retired 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** LROTIC HEART Conditions, if ony, which (b) gove rise to immediate osclerosis **DUE TO** casse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a.m. While Nat while at work of work p. m. . 1966 that I last saw the deceased 21. I certify that I attended the deceased from 930 $ilde{P}$ M. from the causes and on the dote stated above. , and that deoth occurred at. ADDRESS (Street, city or town, DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 237 Vitapsoco he VS A15 (4) 15M 9/55

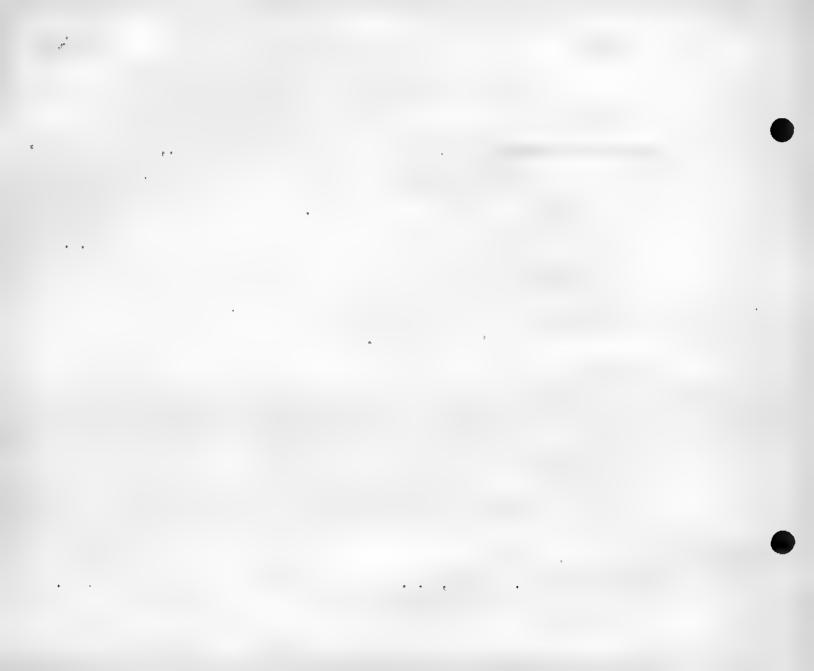
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please certion papers. Pages I and a. COUNTY b COUNTY Maryland Anne Arundel Anne Arundel carbon popers. Pages I ent, within 72 hours offer MARYEAND (ITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. City OR FOWN (If autside carparate + mits, E LENGTH OF STAY IN 16 write RURAL and give nearest town)
Annapolis Annapolis d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) e IS RESIDENCE ON a FARM? d. STREET ADDRESS Anne Arundel General Hospital 94 Shipwright St. NO A 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED 3 28 Pearl Jackson Green 19 66 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthdoy) July 5, 1881 WIDOWED : DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working ite, eyep if retired) INDUSTRY ond 13. FATHER S'NAMI MOTHER'S MAIDEN NAME cremation, or remayol, 16. SOCIAL SECURITY NO. INFORMAN' (If yes give war ar dates at service 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Cerebral thrombosis IMMEDIATE CAUSE (a) _ Page 4 may be retained by the hospital or ottending physician. 501 DUE TO burial Canditians, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying cause this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPS V PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO Diabetes mellitus. 2Da, ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2Dc. TIME OF INJURY Manth, Day, Year Haur a.m. 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) factory, street, affice bldg., etc.) Nat While at wark at wark tal) attended the deceased fram ______, 195.7_, to 3/28_____, 196.6, that (I) (we) last $_2$ 3/28/____, 19.66, and that death accurred at 6 : 2.5M, Provide causes and an the date stated above. __, 1966 , that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an. O FUNERAL DIRECTOR: 22b. DATE SIGNED 3/28/66 22a, SIGNATURE DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S 12 NAME(Type) Richard N. Cathedral St., Annapolis, Peeler. M. D. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) 25b. REGISTRAR'S SIGNATURE FUMÉRAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03196 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) campletely filled in by the funeral ave carban papers. Pages 1 and n. COUNTY o. STATE h COUNTY Maryland Anne Arundel MARYLAND Anne Arundel b City OR TOWN (If autside carparate mits C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENG event, within 72 ON A FARM? 138 Riverview Ave Anne Arundel General Hospital YES 🔲 NO TO NAME OF Middle Eirs† Lost 4 DATE Day Year (Type or print) 19 66 Pauline Scott HARVEY March DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED iost birthdoy) Hours Dovs Female White Jan. 20, 1908 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working Lie, even if retired) INDUSTRY COUNTRY? Canada physic en ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (if yes give wor or dotes of service 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),1 PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by 171 X DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been lost 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CFRTIFICATION NO X YES for 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) of work L. , 1957, ta The Lee, 1960, that (1) (2004 last 21. I certify that (I) (DECIDENCE attended the deceased from ... Page 4 may be retained shauld saw the deceased alive an Warle 1966, and that death occurred at 1970 M, fram causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, po NAME (Type) 1407 Forest Drive, Annapolis, Md. John L. Hedeman, M.D. 23d WOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) ADDRESS 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



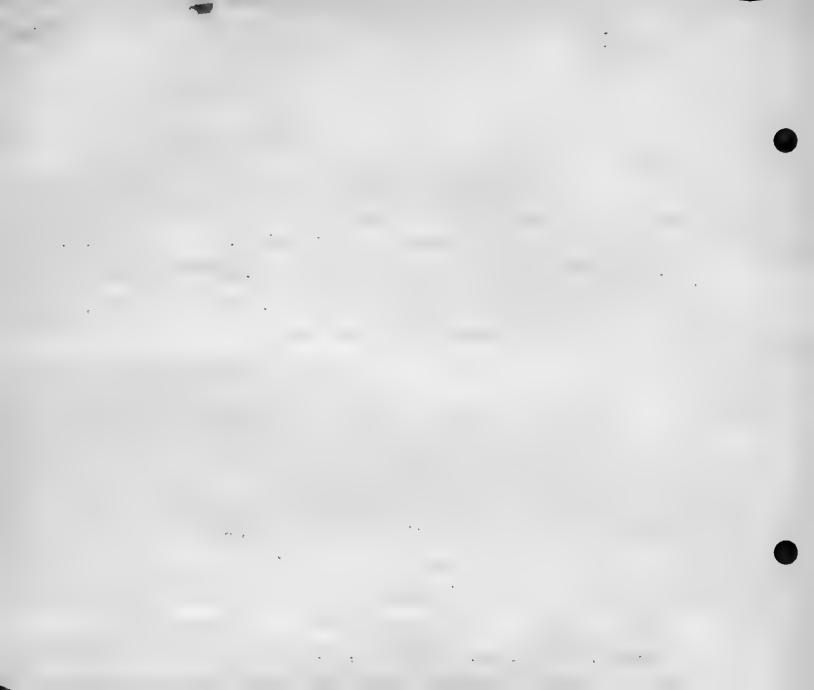
03197 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	03183
1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution Reside	ence before admission)
Anne Arundel MARYLAND	Maryland Ann	ne Arundel
write RURAL and give negres! fown)		ive necrest town)
NO JOULA		e IS RES DENCE
		ON A FARM?
		Doy Year
DECEASED	OF	19
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IFUNDE	R 1 YEAR IF UNDER 24 HRS
Male White WIDOWED □ DIVORCED □	8 Mar. 1888 78 Prindoy) Months	Days Hours M.D.
100 US_ALOCCUPATION (Give kind of work done 100 KIND OF BUS.NESS OR INDUSTRY		CITIZEN OF WHAT
Dealood Retired	Philadelphia, Pa.	USA
IS WAS DEFEASED EVER IN HIS ARMED SORFESS 16 SOCIAL SECURITY NO. 17	INFORMANT Address	•
(Yes, no, or unknown) (If yes give wor or dates of service)	As Manufe Hesslinson	. 0
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic o	ardiovascular disease	ONSET AND DEATH
4221 DUE TO		
rice to ammediate course (o)		
storing the underlying couse [
PART II OTHER S CHIEICANT CONDITIONS CONTRIR! THE TO DEATH RUT MOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
- I ON		AEZ NO 3
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of Item 1B.)	
CAUSE OF DEATH		
20c Time OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PE While Not While fo		iounty) (State)
p.m. 17 at work C of work C	ald an Autonous D. Inconstign VI. Incourse	and in mu acuion
· · · · · · · · · · · · · · · · · · ·		, and in my apinion
1)15	CHIEF MEDICAL EXAMINER	
SIGNATURE / SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	3-30-66
NAME (1998) Kudiger Breitenecker, M.D.		(County) (State)
REMOVAL (Specify)	Beltimone Co	. ,, ,
24 FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 256 PLENTRAR'S	FIGNATURE -
Mirkley Funeral Home, Glen Burnie, Md.	DATE IN 4 1966	and and
	Division of STATISTICAL RESEARCH AND RECORDS, 30 O 3 19 7 MEDICAL EXAMINER'S I PLACE OF DEATH O. COUNTY Anne Arunde 1 MARYLAND b CITY OR TOWN (If outs de corporote limits write RURAL and give nearest flown) d NAME OF HOSPITAL OR INSTITUTION (If not an hospital, give street address) Route 2 Box 241 3 NAME OF DECEASE (Type or print) WALTER HASS SEX Male G COLOR OR RACE MALTER HASS SEX Male G COLOR OR RACE MARRIED DIVORCED DIVORCED ITO USAL OCCUPATION (Give kind of work done during most of working life, even if refired) Seafood 13 FATHER'S NAME LOUIS HASSLINGER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes give wor or doles of service IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Co MACTUAL SIGNATURE EXAMINER'S NAME (Type) Rodiger Breitenecker, M.D. 200 EXTERNAL CAUSE WAS pm. 19 given line of though of couse, how in the couse i	PRACE OF DEATH



	MARTLAND STATE DEPARTMENT OF REALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
funeral history	03198 CERTIFICATE OF DEATH
	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edimission and the Country A Countr
-	ANNE Arundel MARYLAND MARYLAND M. A. A.
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown) c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown) Coverned Popular
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street eddress) d. STREET ADDRESS e. IS RESIDENCE
~ : []	Anno Arundel General Hospital 15 Riggs Road YES NO NA FARM
3.	NAME OF Lest 4. DATE Month Dey Year DECEASED 4
5.	SEX 6. COLON OB INTER TO MARRIED NEVER MANNED J. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
	F - WIDOWED DIVORCED April 27, 1877 BS yrs. Months Days Hours Min.
10	e. USUAL OCCUPATION (Give kind of york 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY one during most of working life, even if retired)
	FATHER'S NAME
"	200
15 (Y	John //C Phail Annie // Address as, no, or unipown) [drysgaivewerordelescorevice] Address
	Mr. Roland Hebden, Jr. Chester, Maryland
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	IMMEDIATE CAUSE (*) HCLETE 11950 SALLOSCUOY.
	Conditions, if eny, which (b) Gen. Avt
	geve rise to immediate cause (e), stating the underlying DUE TO
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
CATIC	PERFORMED? YES NO
CERTIFICATION	20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER;) OR CONTRIBUTING EXAMINER;
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour e.m. While Not While fectory, street, office bldg., etc.) o.m. 19 et work et work
1	21. certify that (I) (this hospital) attended the deceased from 1960, 19, to 19, 19, that (I) (we) la
	saw the deceased alive on
1	22a. SIGNATURE 22b. DATE SIGN PHYS. DIRECTOR PHYS. 3-25 ESIGN
	22c. PHYSIONAN'S NAME (Type) D (F P H A ((A)) P D (A) P D (A)
	Topert N. MATHY P.O. BOX 13000000000000000000000000000000000000
23	REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) RIP 3 /28 /1066 Druid Hidge Cemetery Pikesville, Md. (Stole)
24	Burial 3/28/1966 Druid Ridge Cemetery 1280 REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
P 2	Un f. Tuchner - Sons north LPa: PATE 98 1966 yellarles Judge
	MAIL



ESTON STREET, BALTIMORE 1, MARY OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before a e. COUNTY b. COUNTY MARYLAND and b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) ,⊆ 4ears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress d. STREET ADDRESS . IS RESIDENCE ON A FARM? Beverly ave. Beverly Avenue YES NO F NAME OF Middle DECEASED 23 (Type or print) DEATH 1966 6. COLOR OR RACE AGE (In yeers | IF UNDER I YEAR) IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Hours WIDOWED W remove 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working tife, even if retired) House Wife Own Home Washington D. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Sobotka a Eltreida L 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give werordetes of service) Mrs. David C. 216-462-142 Mates Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ronary minuts IMMEDIATE CAUSE (o) DUE TO arteriosclerotie Cardio-Vascular disease Conditions, if any, which " geve rise to immediate cause **DUE TO** (a), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO D 20s. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. et work el work 21. 1 certify that (I) (this hospital) attended the deceased from Mar. Ch. 23..., 1966, to march 23...., 1966, that (I) (we) last1966, and that death occurred at 10.00 from the causes and on the date stated above. saw the deceased alive on March 2-3 22e. SIGNATURE SIGNED **ATTENDING** FUNERAL PHYS. DIRECTOR PHYS. 220 PHYSULIAN'S NAME (Type) 22d, ADDRESS 23e. BURIAL, CREMATION, 23b. DATE THEREOS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION ICity, fown or county å. å. REMOVAL (Specify) Arlington 1966 Arlington Burras Virginia 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03185 CERTIFICATE OF DEATH 03200 requires that the death certificate be executed within 24 hours after death completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence-before admission) o. COUNTY o. STATE b COUNTY popers. Pages 1 thin 72 hours after, MARYLAND OF TOWN (if outside corporate lights c. LENGTH OF STAY IN 16 CLITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? MSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO X YES NAME OF Middle 4. DATE Month First Lost Doy DECEASED OF HEBROW rent, DEATH (Type or print 6. COLOR OR AGE (In years remove MARRIED **NEVER MARRIED** lost buthdoy) Months Dovs Hours DIVORCED WIDOWED In any gud 10a USIA. OCCLPATION (Give kind of work done during most of weeking life, even in retired) 12. CITIZEN-OF WHA (County & State, or foreign country) KIND OF BUSINESS OR INDUSTRY signed by the attending physician buriol-tronsit permit. Then pleose buriol, cremation, or removal, and -13 FAMERS NAME 14 MOTHER S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCESS 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: mener IMMEDIATE CAUSE (6) physician **D**UE TO Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO for use as the t f Heolth prior to t stoting the underlying couse by the hospital or ottending has been lo st WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) be detoched for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d (NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) 20c. TIME OF INJURY Month, Day, Year (City or town) Hour o.m factory, street, office bldg , etc.) While Not While ot work ot work 2) certify that (1) (this haspital) attended the deceased fram Page 4 may be retoined l bloods director, page 3 should should be filed with the 6 9 and that death accurred at 15 19 A M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATUR 22b. DATE SIGNED ATTENDING PHYS. 66 M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NiPECLER ICHARD NAME (Type) HUNA POLIS 23t NAME OF CEMETERY OR CREMATORY 230 BUR:AL, CREMATION, 23b DATE THEREOF LOCATION (City or Town). (County) PEMOYAL (Specify) FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

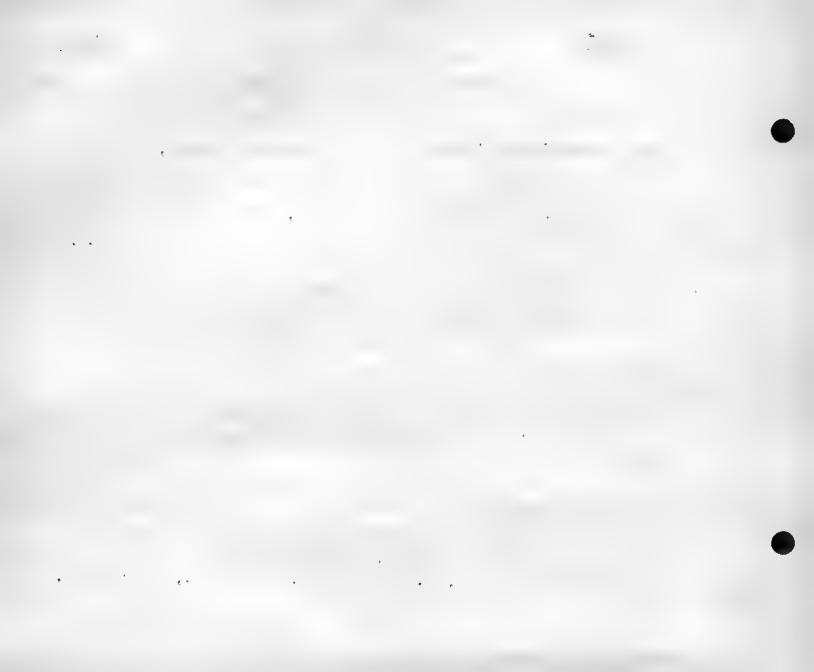


1 (MARYLAND STATE DEPARTMENT OF HEALTH		
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
HEALTH DEPT.			
HEALTH DELT	a. COUNTY 6. COUNTY b. COUNTY		
Sea tra	b. CHY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CIPY OR TOWN/If outside corporate limits, wife RURAL and give nearest town)		
sssa une nay rtme dea	write RURAL and give nearest town) *		
he the teps the ter	d. NAME OF HOSPITAL OR/INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS		
ny delay is necessary, 2, and 3 to the funeral IM3. Page 5 may be the State Department 72 hours after death.	27 Janken St. 27 Janken St. VES NO NO.		
delay and 3 Pag. Stat hours hours	3. NAME OF First Middle Last / 4. DATE Month Day Year		
any del 2, and HM3. I h the SI n 72 ho	(Type or print) (3, Cold A) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
s 1, s 1, thin thin	5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.		
death. If a Pages 1, Ath form I and 2 with rent within	MICCEL WIDOWED DIVORCED 3-2-759 7 yrs.		
	102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
ages 1	13. FATHER'S NAME		
hours of the light	ramon III HILL RODOTTA BY UNT		
14 h	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service)		
AL EXAMINER: This certificate should be executed within 24 hour the certificate, writing the word "pending" in pencil in Item I should be forwarded to the Chief Medical Examiner's Office rifles. CTOR: Page 3 should be used as a burial-transit permit. File padesignated agent, prior to burial, cremation, or removal, and in	(Yes, no, or unkown) (If yes give war or dates of service) RILTH Honaul 58 College Charles		
witi penc perm perm	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1 DEATH WAS CAUSED BY. ONSET, AND DEATH		
Examilited in 1971	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Survey 3rd degree Carliel		
rxeculing cal	7/60 DUE TO		
be e pencendedinal	Conditions, If any, which (b)		
a bu	cause (a), stating the DUE TO underlying cause last.		
sho Wor Chi as arial			
icate should be executed the word "pending" in the Chief Medical Exa used as a burial-transit to burial, cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH.		
d to d to lor 1	20a. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)		
is ce writ arde buld t, pr			
CR: This certificate, writing forwarded to 3 should be agent, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at		
INER Iffica be t ed a			
CAM cert uld s. s.	21. I certify that took charge of the remains described above, held an Autopsy, Inspection		
AL EXAMINE the certific is should be rilles. CTOR: Page designated	death resulted from Causes , Accident , Suicide , Homicide , Undetermined manner .		
TY MEDICA execute the r. Page 4 : d for your RAL DIRECT ITS of the or its d	ACTUAL ACTUAL STORM ACCIONANT MEDICAL EVAMINED 22. DATE SIGNED		
Pag for or	DEPUTY MEDICAL EXAMINER		
TO DEPUTY MEDICAL EXA please execute the codinector. Page 4 shoul retained for your files. To FUNERAL DIRECTOR: of Health or its design	EXAMINER'S NAME (Type) E. L. IN TARCH Address (Street, city, town, or county)		
Dear Directaries FU	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (\$\frac{1}{2}\text{tate})		
E-2-E	24. FUNERAL DIRECTOR ADDRESS) 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
VR A15ME	11/16/icamReesett / pr Mr. 11/6 DAYK 5 1966 yellarles Judge		
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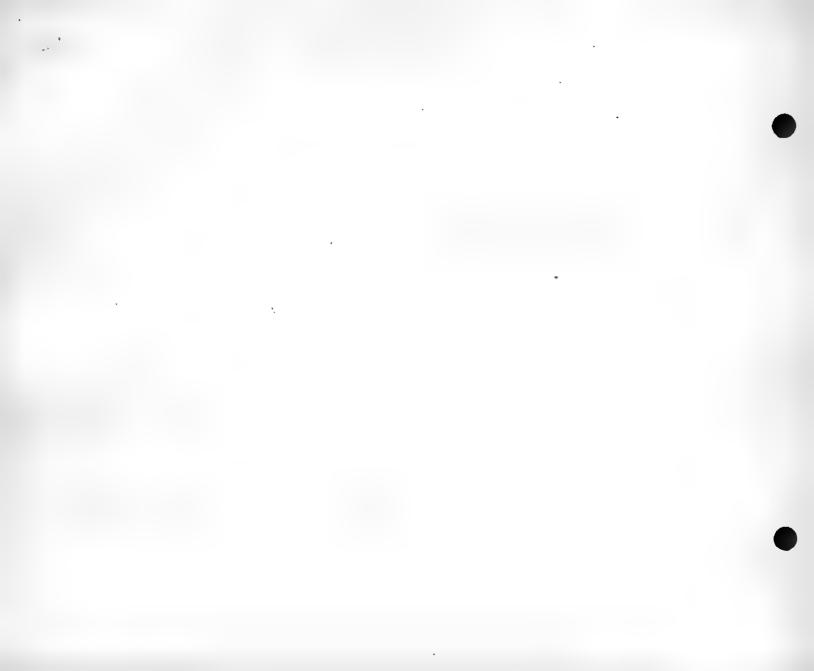


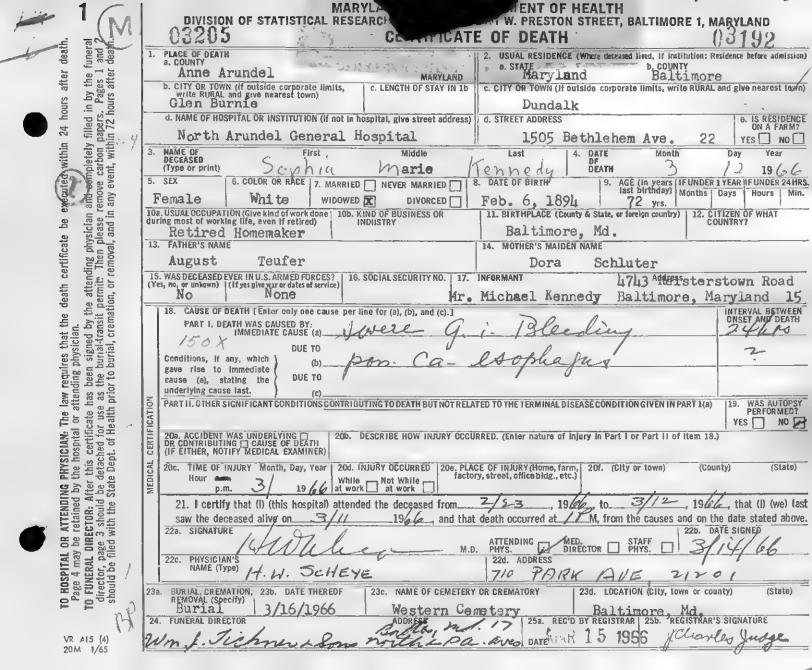
1	1 (8.6)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXLAND
Vo	E 787	03202 CERTIFICATE OF DEATH U3188
	24 hours after death filled in by the funeral apers. Pages 1 and 2 nn 72 hours after death	1. PLACE DF DEATH a. GOUNTY COUNTY A. COU
	ifter the f es 1 after	Ann Arundel Comi MARYLAND Maryland Maryland Ann Arundal
	rs afte by the Pages ors aft	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
•	hour ed in ers. 2 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DIN A FARM?
	7 filled in 72 hor 74 hor 75 h	North Arundal Hospital 32 First St. VES NO E
	executed within 24 hours after more completely filled in by the famove carbon papers. Pages 1 in any event, within 72 hours after	3. NAME DF DECEASED (Type or print) NARY F H / 1 / 1 DATE Month Day Year OF DEATH 3 2 / 19 66
	ted v	5. SEX 6. COLOR OR RACE 17 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 19. AGE (IN YEAR) IF UNDER 1 YEAR IF UNDER 24 HRS
	xecuter	WIDDWED DIVORCED 7-4-88 Jest birthday) Months Days Hours Min.
	e be e	1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR during most of working life, even if retired) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign sountry) 12. CITIZEN DF WHAT COUNTRY?
	physici physici n pieza val, a	13. FATHER'S NAME U.S.
	rtific ng pl hen mova	Unknown Unknown
	eath certifica attending ph ermit. Then in, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
	e death c the atten it permit. nation, or r	No Mrs. Mary E. Holzman, 2933 Eastern Ave. (24)
	The law requires that the death certificate be or attending physician. cate has been signed by the attending physician r use as the burial-transit permit. Then please ealth prior to burial, cremation, or removal, and	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	law requires that the satending physician. I has been signed by se as the burial-tram. In prior to burial, creating the second of the second o	IMMEDIATE CAUSE (a) The fullure to infection 140 +
	phy phy n sig burit burit	Conditions, if any, which are to immediate (b) I can blackage
	requiring properties the cor to	cause (a), stating the DUE TD
	law atter has e as h pri	
	in The ficate or us Health	ge veria YES □ NO □
	NG PHYSICIAN: The law requires that the by the hospital or attending physician. Wher this certificate has been signed by be detached for use as the burial-transistate Dept. of Health prior to burial, crem.	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) UNDESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	PHYSI the ho this detach e Dept	
	orng P of by the After of of be do	S 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Place of Injury) 20f. (City or town) (County) (State) 19
	ATTENDING retained by CTOR: After Should be with the Star	21. I certify that (I) (this hospital) attended the deceased from
	ATTI reta coto 3 shr with	saw the deceased alive on 3/2//CC 19 and that death occurred at 500 M, from the causes and on the date stated above
	y be DIR DIR age	Day Alaamson M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
	TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the	1220. PHYSICIAN'S NAME (Type) DAVID ABRAMSON 22d. ADDRESS NAME (Type) DAVID ABRAMSON 707 Bolto. Annap Black Elimo M.
	Page / FUN direct	23a. BURIAL (CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	5 ₅ 5 € €	Burial March 23, 1966 Baltimore National Ceml Baltimore Maryland
	VR A15 (4)	George J. Gonce - 4001 Ritchie Hgwy., Baltimore MAR 2 4 1966 Clearles Quest
	2DM 1/65	T DATE: S I 1000 Jung

11	1 (Division of STATISTICAL R	MARYLAND STATE DEF RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201
7	M		03203	CERTIFICATE		03189
	eath Ind	1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased I	ived, it institut on Residence before admission)
	ed within 24 hours after death pletely filled in by the funeral carbon papers. Pages I and ent, within 72 hours after death		a COUNTY Anne Arun	adel MARYLAND	o. STATE Maryland	b. COUNTY Anne Arundel
	y the f Pages urs afte		b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16		mits, write RURAL and give nearest fawn)
	by 1 Pa ours	L	write RURA, and give nearest fawn) Annapolis		Annapolis	C X 1
	in in ers.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ortal, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	filled in by papers. Perhin 72 hours	L	Anne Arundel General Ho	spital	1400 Cedar Park F	Coad YES NO X
	vith oan with	3	NAME OF First	Middle	Lost 4. DATE OF	Month Day Year
	and campletely fremove carban	_	(Type or print) Edward	<i>G.</i>	HUGG DEATH	March 19 19 66
	ent of the contract of the con	S	SEX 6 COLOR OR RACE 7 MAR	11.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	DATE OF BIRTH 9. AG	SE (n years IF UNDER 1 YEAR IF UNDER 24 HRS. st birthdoy) Manths Days Hours Min
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	ate be	du	a USUAL OCCUPATION (Give k nd of work dane ring most of working life, even if retired)	DB. KIND OF BUSINESS OR THOUSTRY SERVICE.	1) .«THPLACE (County & State, or foreign	CAURTRY 2
	icra de os	12	FATHER'S NAME	CIVIL'S ERVICE		ew York U.S.
	phys an p	13	FAIRERS NAME		14. MOTHER'S MAIDEN NAME	
	em of the	15	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17. IN	IFORMANT ,) ,)	Address / _
	ne death certificate b attending physician permit. Then please ian, ar remaval, ≡d i		es, no, or unknown) (If yes give war or dates of service)	D6	ROHLY H. MitcHI	=11. #2_
	at the the sit grantify		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	le, mytens	had Infunci	INTERVAL BETWEEN ONSET AND DEATH OUTP
	res sicio led lal-t	L	Conditions if any which ages >	V	ľ	,
	phy sign buri	ı	rise to immediate couse (a).			
	w re ing sen the the		stating the underlying cause (c)			
	The law requires the aftending physician. has been signed by se as the burial-train h prior ta burial, cre		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING-TO DEATH BUT NOT RENATED TO TH	HEATERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
	Tr at a see	IS IS	Chr. Completions	HIM LIM	lans O	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO XX
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept, at Health prior ta	CERTIFICATION	OR CONTRIBUTING 🗀 CAUSE OF DEATH	DE DESCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in Part I ar Part II a	
	has has cer iche iche		(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Manth, Doy, Year 2	Dd. INJURY OCCURRED 2De. PLACE	E OF INJURY (Home, form, 2Df (Ci	ly or town) (County) (State)
	NG PI y the er this e deto ate De	MEDICAL	Hour o.m. 19 at	While Not While foctor	ry, street, office bldg , etc.)	
	Affrage St		21. I certify that (I) (thischespital) o	ttended the deceased fram		March 19, 1966, that (1) xue) last
	Son de la company de la compan		say the deceased alive an Marc	h 19 1966, and that	death accurred atM, tr	am causes and an the date stated abave.
	OR A le retter IRECT 3 st d with		(20 SIGNATURE	(avous M.D.	ATTENDING MED.	STAFF PHYS. D 3/2-1/66
	O HOSPITAL OR ATTENIE Page 4 may be retained o FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c PHYSICIAN'S NAME (Type) Maurice Klawa	ns, MD.	31 Southgate Ave	., Annapolis, Md.
	OSP UNE ctor uld	230	BURIAL, CREMATION; 23b. DATE THEREOF,	23c NAME OF CEMETERY OR CE		ON (City or Town) (County) (State)
	Pog of specific of	1/5	3-23-66	St. MARY.	SHUN	JAPONIS MD.
	VR A15 (4) 20 M 1/66	24	4 FUNERAL DIRECTOR	Churcholi M	d. 250 REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
		严	military in the state of the st	0000010001111	- 10 c	



1 1		l	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	M		03204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03191
Page HEALTH DED]. E		LACE OF DEATH COUNTY A. A.C.O. MARYLAND 2 USUAL RESIDENCE (Where deceased I ved, f institution, Residence before admission) a STATE ALO b COUNTY AREA COUNTY
Poges 1, 2, and 3 to with form PM3 Page e State Department of	Dao Jaj		CITY OR TOWN (fourside carporate limits, write RURAL and give negrest town) We RURAL and give negrest from) Proposed in the RURAL and give negrest town and give negrest town. Proposed in the RURAL and give negrest town.
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		3	AME OF First Middle Last 4 DATE Month Day Year ECEASED OF DEATH 3 7 19 66
hin 24 hours offer death nice in the second niner (1997) and a second nice in the second	■	5	
4 E 2	la A a A a	10a dur	SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR 1 BIRTHPLACE (Store or fore gn country) 12 CITIZEN OF WHAT COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY SAFE
d within in pencil is Examiner.		13	FATHER'S NAME Steery Mail Alexe Celel
be executed "pending" in inef Medicol Estantia in insite permit. Financial in insite permit. Financial in insite permit.		15. (Ye	WAS DECEASED EVERTING S ARMED FORCES TO, or of the byn) (If yes give wor or osses of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Address Address
MINER: This certificate should be executed within 3 the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medical Examiner rilles. In files.			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UE TO Conditions, if ony, which gave nise to immediate cause (a), (b) DUE TO Lastoting the underlying cause (a), (c)
s certifi e, writii forword used c		MOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
NER: This certificate, should be filles.	ugent, prior to	CERT FICATION	20a EXTERNAL CAUSE WAS PRIMARY 🗆 ar CONTRIBUTING 🗆 CAUSE OF DEATH
	'i afin	MED CAL	20c TIME OF N.JRY Month, Day, Year Haur a m. p.m. 19 20d INJURY OCCURRED While Nat While at work at wo
- Ke AF	nainiifika		21. I certify that taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulter from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
JTY MEDTO Try, please e erol director be retoined RAL DIRECT	= 2		ACTUAL SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
ro DEPUTY necessory, the funero 5 moy be 00 FUNERAL		230	NAME (Type) Address (Street, city, town, or county) BURIAN (REMATION, 23b DAYE THEREOF 23c NAME OF CEMETERY OR CHATCHY 23d LOFAT ON (City or Town) (County) Stote)
VR A15ME (Ross	24	FUNERA DIRECTOR SURVEY OF SIGNATURE OF SURVEY







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived of institution. Residence before admission) O COUNTY A A-CE o STATE **b** COUNTY 3 to Page 90 death. MARYLAND b (ITY OR TOWN (f outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3 HOSPITAL OR INSTITUTION (f not in hospital give street address) A STREET ADDRESS IS RESIDENCE hours ON A FARM? hours ofter death NAME OF DATE Lost Dov within 72 DECEASED (Type or print) OF 20 66 19 DEATH S SEX 7. MARRIED F UNDER 1 YEAR UNDER 24 HRS 6 COLOR OR RACE AGE (In years NEVER MARR ED lost birthday) Months Hours WIDOWED DIVORCED event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Domestic d "pending" in penci in Chief Medical Examiner's Domestic 13 FATHER'S NAME be executed within = ond WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI (Yes, no, or unknown). (If yes give wor or dotes of service or removol, ANNAPOLIS 218-26 18. CAUSE OF DEATH (Enter only one couse per line to), (b), and (c).) buriol-fransit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate should cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost burial PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO X YES Health or its designated agent, prior to 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18) PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg , etc) Not While at work ot.work 21. I certify that tack charge of the remains described obove, held on Autopsy ... Inspection [Inquiry and in my opinion death resulted Nataral causes Accident . Suicide . Hamicide Undetermined manner the funerol director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street city, town, or county) BURIAN CREMATION. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 0 REMOVAL (Specify) MArch 24, 1966 HANDOLIS Neck Cemetary 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR PON. MOMMAR VR A15ME (5)





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death and dead PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY DR TDWN (if outside corporate limits. c. LENGTH OF STAY IN 1b EITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) <u>=</u> WENTE ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE DN A FARM? YES NO within completely ve carbon I etely 3. NAME OF Middle DATE Month Last Day DECEASED OF .3 WEENCE GRAC (Type or print) DEATH 19 executed Remove 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 9. AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED X DIVORCED THE PARTY 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ending physician certificate be during most of working life, even If retired) · INDUSTRY COUNTRY? BUSEVERY 9 FATHER'S NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES transit permit. 16. SOCIAL SECURITY NO. INFORMANT Address 17. death (Yes, no, or unkewn) (If yes give war or dates of service) the has been signed by the eas the burial-transit prior to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a) INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. O branch IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has ICATION PART UNOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEMPINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO P YES T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 4 or Part 11 of Item 18.) 50 this cert detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. After Not While at work at work p.m. should 21. I certify that (I) (this hospital) attended the deceased from 196 DIRECTOR: age 3 should lied with the that (I) (we) last saw the deceased alive on 22a. SIGNAJURE DATE SIGNED 22b. SPITAL OR 1 page ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. Page 4 may director, pag should be file PHYSICIAN'S FUNERAL 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Juria REGISTRAR SIGNATURE 24. FUNERAL DIRECTOR VR A15



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03209 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY AMCO 0 PM3. Page ař. MARYLAND and 3 1 Department b CITY OR TOWN (It outs de corporare I mits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR NOTITUTION (if not in hospital, give street oddress) e is residenc hours ON A FARM HRONDEL. Item 18. Give Pages ENERZL YES hours after death Office alang with NAME OF Middle 4 DATE Month Doy Yeor DECEASED Lew15 (Type or print) DEATH IF UNDER 1 YEAR IF LNDER 24 HRS 9 AGE (In years S SEX NEVER MARRIED it thdoy] Manths Doys Haurs 100 USLAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Examiner's in any RCHNICIAN 13. FATHERS NAME 14 MOTHER'S MAIDEN NAME w thin UNK. and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT. be executed (Yes, not or unknown) (If yes give wor or dates of service) permit remayal CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE LOKER Lecusalerases Б Ward This certificate should crematian, DUE TO Canditions, if any, which gove rise to immediate cause (a). DHF TO stating the underlying couse burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? FICATION NO K designated agent, priar ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in, Jry in Port or Port II of item 18) CERT PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH 20e PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fown) (County) (Stote) foctory, street, office bldg . etc.) Not While FUNERAL DIRECTOR: Page at wark at work 21 I certify that I took charge of the remains described above, neid an Autapsy nspection and in my apinian death resulted frame Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER: Health Address (Street, city, town, or county) NAME (Type) LOCATION (Citypar Town) 0 REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR ATSME (5) 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) o. COUNTY a STATE b COUNTY αĘ after death. MARYLAND and 3 1 b City OR TOWN (If outside carparate limits, c. FNGTH OF STAY N 16 c CITY OR TOWN (If autside carparate imits, write RURA, and give nearest tawn) RURAL analogive nearest town) _ BURNIE days d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) STREET ADDRESS haurs ON A FARM? 1003 Edgerly-Rond. Pages YES NO SC Middle Year DECEASED <u>N</u> (Type or print) 6 19 DEATH within with 5 SEX DATE OF BIRTH AGE (In years IF UNDER 24 HRS NEVER MARRIED Jost birthday) Davs 1886 WIDOWED DIVORCED event 100 ... SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 SIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired)
Housewife INDUSTRY COUNTRY? Home Brookville, Pa. Own TISA pages 13. FATHER'S NAME Morrison Elizabeth John Hawks 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Glen Burhie, Md. (Yes, no or unknown) (If yes a ve war or dates at serv ce remaya 191-30-1679 no Mrs. B. Lyle. 1003 Edgerly Rd 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) certificate shauld Ward crematian, DUE TO Canditians, if any, which gave (b) rise to immediate cause (a). DHE TO stating the underlying couse О PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPS Y PERFORMED? NO S 20a. EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Part L or Part L of Item 18) pridr 3 shauld 4 should Leve of home CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (Caunty) (State) Nat Whe K factory, street, affice bldg etc.) 5 may be retained for your O FUNERAL DIRECTOR: Page at work MA 21. I certify that I tack tharge of the remains described above held an Autapsy Inspection Inquiry and in my apinian Accident death resulted fram Natural causes Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city town or county) 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) Surial (Specify) St. Marys Cemetery Westmoreland Co.
REGISTRAR 256 REGISTRAR S SIGNATUR 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR VR A15ME (5) Kirkley Funeral Home , Glen Burnie, Md. 1966 6M 1/66



TON STREET, BALTIMORE 1, MARYLAND DEATH funeral should 1. PLACE OF DEATH 2. USUAF RESIDENCE (Where decessed lived, if institutions Residence before admission) a. COUNTY a, STATE **b.** COUNTY MARYLAND b. GITY OR TOWN (if outside corporata firmits, c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL entit . IS RESIDENCE A. NAME OF HOSPITAL OMNSTITUTION in hospital, give streat agidress) ON A FARMT YES NO V completely 3. NAME OF Yeer 4. DATE Month Day DECEASED OF (Type or print) DEATH and cor COLOR OR RACE 7. MARRIED D'NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. ast-birthday) Months | Min. Days Hours WIDOWED [physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OLWHAT COUNTRY? 10b. KIND OF OR INDUSTRE & State, or foreign country) desing agest of working life, when if retired) attending U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, and or unkown) | (thyes give wer or dates of service) INTERVAL BETWEE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which **[b]** geve rise to immediata cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING J OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of niury in Part I or Pert I of Item 18) 1 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 201 (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer lactory, street, office bldg., etc.) Not While KB Hour a.m. at work at work D.m. 1966, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from... PM, from the causes and on the date stated above saw the decased alive on 22a, SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M D PUNERAL 22c PHYMCIAN'S 22d. ADDRESS NAME (Type) CEMETERY OR CREMATORY LOGATION (City 23a. BURIAL, CREMATION (Specify) 0 FUNERAL/DIRÉCTOR'S VR A15 (4)



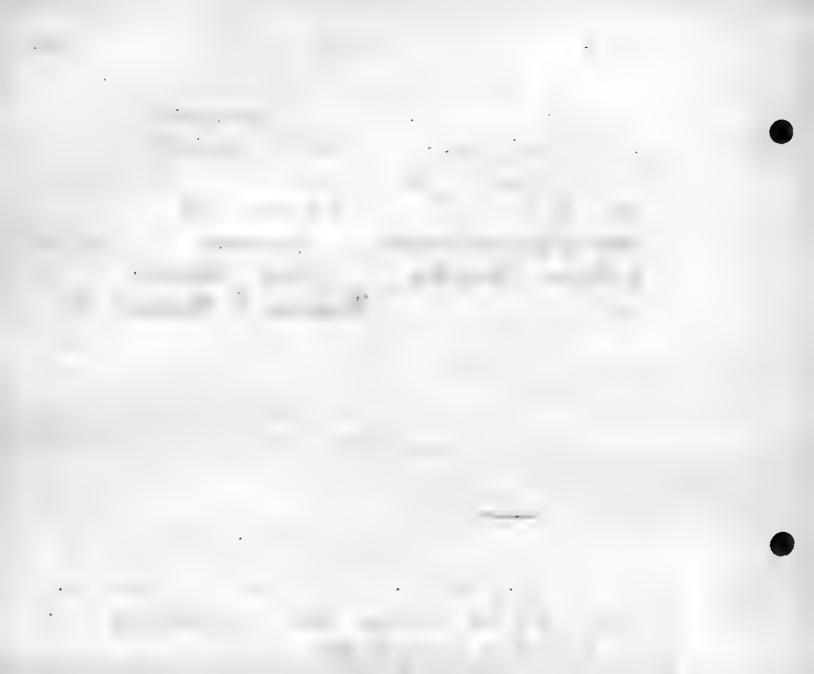
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI	D
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	03212 CERTIFICATE OF DEATH	00
the funeral ges 1 and 2 after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. STATE b. CDUNTY b. CDUNTY	e admission)
etely filled in by the fu bon papers. Pages 1 within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	rest town)
d in rs. F 2 hou		RESIDENCE
	NORTH ARUNDEL GEN. HOSP. 5B S. BROADWAY YES	A FARM?
	DECEASED	Year 1966
,) [5. SEX 6. CDLDR DR RACE 7. MARRIED 8. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 1 YEAR IFUNDER House Hou	DER 24 HRS.
,	10a. USUAL DCCUPATION (Give kind of work done of the country) 10b. KIND OF BUSINESS DR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WI CDUNTRY?	
·	SALESLADY ARUNDEL CREAM URGINIA U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	3
	MORICOE SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address	*16/9
	(Yes, no, or unknown) (If yes give war or dates of service) 234-32-4423 E. J. MARCHEL 518 S. BROADWAY	1213
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leve had hemorrhage Sudd	BETWEEN ID DEATH IEN
	Conditions, If any, which) DUE TD Lypertensive Carboroscular disease Gyro	or mere
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)	
	APART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS	FORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	77
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) While p.m. 19 at work at work	(State)
	21. I certify that (I) (this hospital) attended the deceased from 3/16, 1954, to 3/11, 1966, that (I)) (we) last
	saw the deceased alive on 1916 19 and that death occurred at M, from the causes and on the date state 22a. Stenature 22b. DATE SIGNED	ted above.
1	22c. PHYSICIAN'S NAME (Type) ATTENDING MED. DIRECTOR STAFF 3/18/66 22c. ADDRESS NAME (Type)	
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY C 23d. LOCATION (City, town or county)	(State)
	BURIAL (Specify) 3-21-66 CRESTLAWN GARDEN MEM. HOWARD CO. MD 24. FUNERAL DIRECTOR , ADDRESS 2/2 3/1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.	F
2	WM-FIALKOWSKI 2007 EASTERN AVE. DATMAR 21 1966 PCharles Judge	ge
Bif.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CiTY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE an and completely filled remove carbon papers in any event, within 72. ON A FARM? YES No 🖂 death certificate be executed within completely 3. NAME OF Middle DATE Month Day Year First Lest DECEASED OF 1966 (Type or print) DEATH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. SEX 6. COLOR OR RACE DATE OF BIRTH 9. NEVER MARRIED WIDOWED A DIVORCED. 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) INDUSTRY COUNTRY? 201262 FATHER'S NAME MOTHER'S MAIDEN NAME 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. burial-transit permit. burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). signed by th ONSET AND DEATH á PART I. DEATH WAS CAUSED BY: by the hospital or attending physician, IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which certificate has been gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION 19.1 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health NO YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F age 4 may be recommended this certification of the second OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (State) MEDICAL 1208. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work p.m. 21. I certify that (I) (this hospital) attended the deceased from march and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR PHYS. M.D. Page 4 may PHYSICIAN'S 22d. ADDRESS director, p should be f 22c. NAME (Type) 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 2 66 Cathedral New REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Mitchell-Wiedefeld Home York Rd 15M 4-64 Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 113202 03214 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, **CLENGTH OF STAY IN 16** CCITY OR TOWN outside corporate limits, write RURAL and give nearest town? write RURAL and give nearest town)
Annapolis DOA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)
(Dead on arrival)
Anne Arundel General Hospital DL # 5 e IS RESIDENCE ON A FARM? NO X YES NAME OF Middle род Lost 4. DATE Month Dov Year DECEASED OF DEATH MERRIKEN Charles March 9 19 66 (Type or pont) 9 AGE (n years S SEX IF JNDER 1 YEAR I IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH birthdoy) Months Doys Hours WIDOWED DIVORCED ond 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR pleose COUNTR) d by the ottending physici I-transit permit. Then ple I, cremation, or removal, a 13. FATHER'S NAME 14. MOTHER'S 16 SOCIAL SECURITY NO INFORMANT #2 (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per yee for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o signed by F40 1 DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse os the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES T for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg, etc.) 21. I certify that (1) (this hospital) attended the deceased fram. , to March, 1966, that (1) (1980) last 19 be, and that death accurred at 130 saw the deceased alive an Maul M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. director, poge 3 should be filed v M.D 22d ADDRESS 22c PHYSICIAN'S NAME (Type) John L. Hedeman, M.D. 1407 Forest Drive, Annapolis, Md. 23c# NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) (State) BUR-AL, CREMATION (County) LOUDON MORE 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 250 REC'D BY REGISTRAR



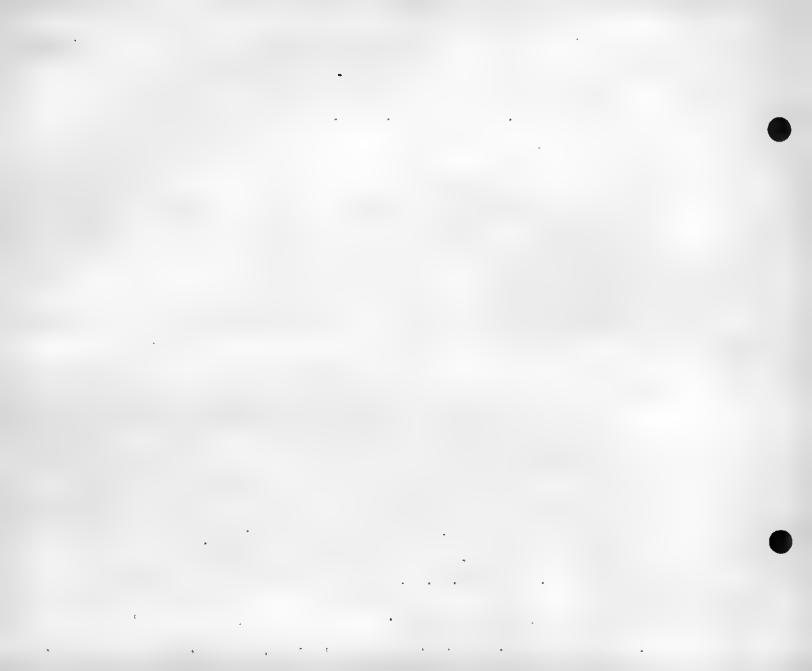
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 032113 03215 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral deor PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Arundel Anne Arundel ompletely filled in by the fur ve carbon papers Pages 1 event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and give_nearest town) Annapolis Annapolis d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1002 Monroe St.. Anne Arundel General Hospital YES NO) 3 NAME OF First Middle 4. DATE Month Last Day Year DECEASED MERRIKEN Franklin March 66 Frederick (Type or print) ĎĒĀTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED TT NEVER MARRIED DATE OF BIRTH los pirthdoy) Months Days Hours White Male Dec. 31, 1894 Ony WIDOWED DIVORCED and 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during most of warking life, even if ratired) INDUSTRY. COUNTRY? signed by the attending physician burial-transit permit Then please barial, cremation, or removal and Maryland FRICIAN 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' (Yes, qayor_unknown) (If yes give war or dates of service CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if ony, which gove (b) rise ta immediate couse (a), DUE TO stating the underlying cause os the has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO Z O FUNERAL DIRECTOR: After this certificate 4 may be retained by the hospital or į 20g ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour a.m. factory, street, affice bldg., etc.) Not While at work to Mar. 6, 1966, that (1) (see lost M, fram causes and on the date stated above. 21. I certify that (1) (ADDITION of tended the deceased from 1965 to Mar. 6 director, page 3 should should be filed with the March 6. 19 66, and that death accurred at saw the deceased alive on. 22o. SIGNATURE 22b DATE SIGNED STAFF PHYS ATTENDING a M.D. **ADDRESS** 22c. PHYSICIAN'S Richard I. Hochman, M.D. Franklin St., Annapolis, Md. NAME (Type) 23d LOCATION (City of Town) 230. BURIAL, CREMATION. 23b DATE THERFOR 23c NAME OF CEMETERY, OR CREMATOR (County) (Stote) 24. JUNERAL DIRECTOR **PSB. REGISTRAR'S SIGNATURE** ADDRESS 2Sq. REC D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03216 requires that the death certificate be executed within 24 havrs after death campletely filled in by the funeral ave carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel haurs after b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 15 c CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) RURAL - Annapolis 2 davs Annapolis d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? event, within 72 Rt-4. Box-325 Anne Arundel General Hospital NO Ex 3 NAME OF mave carbon First Middle Last 4. DATE Manth Dov Year DECEASED MILLER 31 66 March Grace 19 (Type or print) DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours Davs Female. White WIDOWED DIVORCED April 18, 1895 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give king of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Housekeeper At Home COUNTRY? West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, Christopher Martin Christine Fout 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Nt Vernon Place (Yes, no, or unknown) (If yes give wor or dates of service) Cumberland, Md hrs. Paul Pebly No crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO as the prior to b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept. of Health r YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur o.m. foctory, street, affice bldg, etc.) Nat While at work at wark Mar. 31, 1966, that (1) 900 last 21. I certify that (I) (this business) attended the deceased from. . 19_6 G. to saw the deceased alive an March 31 19.66, and that death accurred at M. fram causes and an the date stated above. 10:10 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR **ATTENDING** directar, page 3 should be filed v M.D. PHYS 22d ADDRESS 62 Cathedral St., Annapolis, Md. 22c. PHYSICIAN'S T. Allen, M.D. NAME (Type) A. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) A. L. L. Q (Gunty) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) 4/3/66 Hillcrest Burial Park Cumberland Maryland 2Sq REC'D BY REGISTRAR ADDRESS 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/66 Ruth E. Silcox Cumberland Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

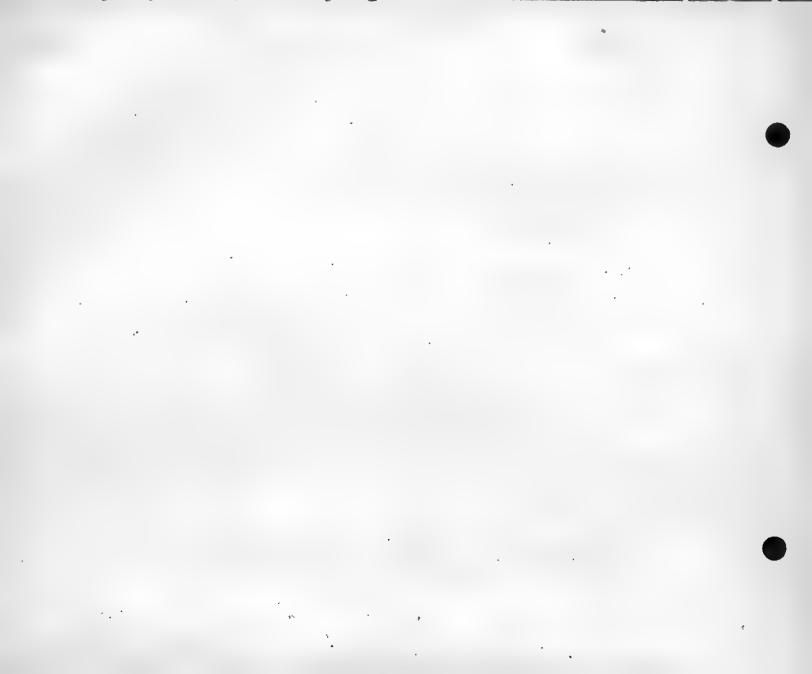
CERTIFICATE OF DEATH 04736 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after leath signed by the attending physkidwamid campletely filled in by the funeral burial-transit permit. Then please demaye carban papers. Pages 1 and burial, crematian, ar remayal, and in any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Anne Arundel MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn)
Crownsville, Ma llvrs. 3mos! Baltimore. Maryland d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Crownsville State 1320 McCulloh Street YES NO X 3 NAME OF Middle 4. DATE Lost Day Year DECEASED OF DEATH Miller 30 19 66 (Type or print) #15088 James physkidmend camplet en please remave car IF UNDER 1 YEAR | 1F UNDER 24 HRS. S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED Jast birthday) Days 9/1/1894 WIDOWED DIVORCED Male Nearo 10o. USUA. OCCJPATION (Give kind af wark done during most af warking life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COHMIENT Unknown Unknown 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Uпклоып Unknown 16 SOCIAL SECURITY NO. 17 INFORMANT Address 15 WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) Hospital Records Unknown unknwon 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Bardiovascular Disease attending physician. DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO storing the underlying cause O FUNERAL DIRECTOR: After this certificate has been lirector, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health prior ta (c) 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO T Page 4 may be retained by the hospital ar 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Haur a.m. Not While factory, street, office bldg., etc.) at work at work 9/17/, 1954 , ta3/3U/ , 1966, that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. 19 , and that death occurred of 2:30M, from causes and on the date stated above. saw the deceased olive on 3/30/66 22b. DATE SIGNED 22n SIGNATURE ATTENDING STAFF 4/14/66 X M.D. DIRECTOR PHYS. 22d ADDRESS Crownsville State Hospital, Maryland 22c. PHYSICIAN'S Benedict, NAME (Type) 235 NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town)
Baltimore, Maryland 23a. BURIAL, CREMATION, Univ. of Maryland REMOVAL (Specify) 4/15/66 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Wm.Reese II- 108 W. Wash.St.-Annapolis.Md. Mcharley Juage 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03217 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. COUNTY o. STATE Maryland Anne Arundel Page 3 ta Anne Arundel MARY, AND b CITY OR TOWN (if outside corporate mits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate i mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 after Annapolis Davidsonville, Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours ong with farm Anne Arundel General Hospital Item 18. Give Pages YES IV NO [hours after death 3 NAME OF Middle Last 4 DATE Month Day DECEASED **JAMES** (Type or print) H. MTNOR DEATH 3-4-66 S SEX 6. COLOR OR RACE 9 AGE (7 MARRIED NEVER MARRIED DATE OF BIRTH vears IF UNDER 1 YEAR IF UNDER 24 HRS thdov) Male Negro WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR (State or foreign country) 12 C TIZEN OF WHAT during mast of working life, even if retired) INDUSTRY VIID +armer 13 FATHER'S NAME MOTHER'S MAIDEN NAME This certificate should be executed within and 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECUR TY NO 17. INFURMANT Address permit. or removol. (Yes, no Japanichawn) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one cause per ne far (a), (b) and (c), burial-transit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Arteriosclerotic and hypertensive cardiovascular IMMEDIATE CAUSE (a) e, writing the word forwarded to the Ch burial, cremation, DUF TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause 0 0.5 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? the certificate YES R NO 9 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Part II of item 18.) 3 should agent, prior PRIMARY ar CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 20d INTURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur a.m. factory, street, affice b dg , etc) Nat While DIRECTOR: Poge White at work al work designated 5 21. I certify that I taak charge of the remains described above, held an Autopsy X Inspection [Inquiry and in my apinian death resulted from Natural causes XI Suicide Homicide Ascident Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER may be re FUNERAL D SIGNATURE TO DEPUTY the funerol DEPUTY MEDICAL EXAMINER 3-4-66 **EXAMINER'S** Health , Rudiger Breitenecker M.D. NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d ALOCATION (City or Town) BURIAL, CREMAT O 23b DATE THEREOF (County) 100 FUNERAL DIRECTOR REGISTRAR S. SIGNATURE VR A15ME (5



17	1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
Marie .	= N.E		03218 CERTIFICATE OF DEATH 03206
deat	funeral and 2 death/		1. PLACE OF DEATH a. COUNTY. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
after	he fa s 1 fter		Anne Arena MARYLANO MARYLANO MARYLANO
	by t Page		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
24 hours	S. Lou		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	y filler paper hin 72		and Commod Sen Hard 104 Hollyborry & GON A FARM?
executed within	physician and completely filled in by the 1 n please remom carbon papers. Pages 1 val, and in any prent, within 72 hours after		3. NAME OF DECEASED (Type or print) See See () 22 22 1 Morbit . DEATH 3 - 6 6 19
uted	S	_	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
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þe	ician sase ind in		during most of working life, even if retired) INDUSTRY
cate	phys		13. FATHER'S NAME
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aw requires that the death certificate trending physician.	been signed by the attending phe been signed by the attending phermit. Then it to burial, cremation, or removal		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
de de	the a		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
t the	ansii		PART I. DEATH WAS CAUSED BY: ONLOSE OR DE DE DE DE COM ONSET ANO OEATH
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puire p oh	en s bur		Gonditions, If any, which gave rise to immediate (b)
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The I	icate or us	1	YES NO
PHYSICIAN: The law requires that the hospital or aftending blusician.	After this certificate has be be detached for use as the State Dept. of Health prior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYS	this detace Del		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While at work at work at work
DAG A	After Stat		
ATTENDIN retained t	Die the		21. I certify that (!) (this hospital) attended the deceased from 1960, 1970 to 667, 1970, that (!) (we) last saw the deceased alive on 37679, and that death occurred at 1000, from the causes and on the date stated above.
A A T	WEET S		22a. SIGNATUR) 22b. DATE SIGNED
IL OR	DISTRIBUTED TO THE PROPERTY OF	/	ATTENOING MEO. BIRECTOR STAFF 3 6 -6 5
TO ROSPITAL Page 4 may	TO FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State		22c. PHYSIQIAN'S Result Rholm 22d. ADDRESS POX 73 Lovers Ogif
O KC	o director		23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
_	_	2	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	A15 (4)	M	MAR 10 1966 Clearles Judge
20N	A 1/65	,	the state of the s



TE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 write RURAL and give nearest town) WOODLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? GENERAL NO IX ARUNDEL 3 NAME OF DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months, Days , Hours WIDOWED DIVORCED 10e USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) TOUSEWIFE 13. FATHER'S NAME 1 16. SOCIAL SECURITY NO. 17. INFORMANT EDGEWATER 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: VER DOSE IMMEDIATE CAUSE (e) 1 1 5 7 **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18,) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Year (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated DATE SIGNED ASSISTANT MEDICAL EXAMINER se execute should be for FUNERA SIGNATURE DEPUTY MEDICAL EXAMINER Emily H. Wilson NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₫40 Cemetery Washington FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1132118 03220 CERTIFICATE OF DEATH law requims that the death certificate be executed within 24 hours after death. completely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o SOUNTE Arundel o. STATE **b** COUNTY MARYLAND Marvland C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA. ond give neorest town)
Crcwnsville, Md. 8vrs. 9mos. Fredericks papers hin 72 ho d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 317 Broadway Street Crownsville State Hospital YES NO F 3 NAME OF First Middle 4. DATE pau Month Dov Year DECEASED #18208 Agnes Posey 19 66 (Type or print) DEATH COF IF UNDER 1 YEAR 1 IF UNDER 24 HRS. S SEX **B** DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** Hast birthdoy) Dovs Hours 1895 Nearo Female WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland USA Unkneuin 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME cremation, or remova Unknown Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, Ino. or Jinknown) It yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address Hospital Records Jokobb 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH Arteriosclerotic Eardio-Vascular Disease PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 4 0 3-1 DUE TO Conditions, if ony, which gove use to immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO PA PHYSICIAN: far 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20s. TIME OF INJURY Month, Day, Year Hour-am-Not While foctory, street, office bldg., etc.) Crownsville. Maryland 19 57, ta 3/28/ , 1966, that (I) (we) last 2). I certify that (1) (this haspital) attended the deceased fram 12/3/ 19 66, and that death accurred a<u>B: 30</u> M, from causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE STAFF X lirector, page 3 shauld be filed v M.D. DIRECTOR TO HOSPITAL (Page 4 may b 22d ADDRESS 22c. PHYSICIAN'S Benedict. M. D. NAME (Type) 23c/ NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 23o. BURIAL CREMATION (County) REMOVAL (SMCIfy) 4/5/66 Univ. of Marvland Baltimore. Maryland 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 108 W. Wash. St. Annapolis, MONTANK



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	CTO Sho with 1		saw the deceased alive on Wind 20 19 00, and that death occurred at 110 M, from the causes and on the date stated above 22a. SICNATURE
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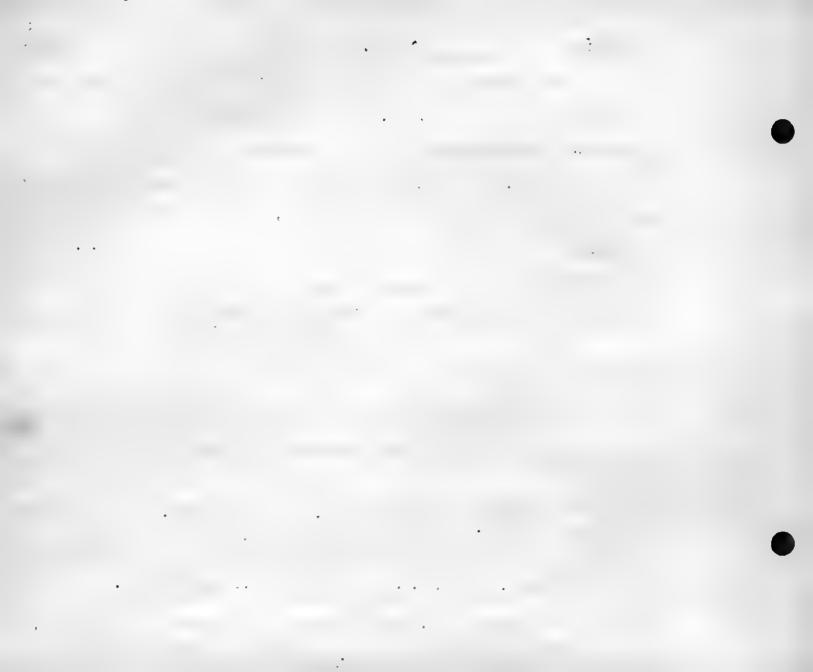
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6	Page 4 may Page 4 may TO FUNERAL director, pa should be fi	NAME (Type) Irvin Hyatt, M.D. 11 E. Chase St., Baltimore, Md 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03212 03224 CERTIFICATE OF DEATH te of hirthenh executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) campletely filled in by the funeral ave carbon papers. Pages 1 and vevent, within 72 hours after death PLACE OF DEATH a. COUNTY o. STATE Maryland b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Annapolis 6 hrs. Annapolis e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 1643 Ferest Drive Anne Arundel General Hospital YES [NO D 3 NAME OF Middle 4 DATE Dov Year Antal Michael DECEASED Charles (Type or print) ROVETI DEATH March 19 S SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED NEVER MARRIED please remave last birthdov) Months Davs Hours WIDOWED DIVORCED March 30, 1966 Male White 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY the attending physician isit permit. Then please and Anne Arundel, Maryland U.S. requires that the death certificate Newborn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Denes Roveti Agnes Belensky IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates of service) 10 Denes Roveti- father same as#2 above None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. 1735 DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO I 200 ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at work at work 21. I certify that (I) (thickes that) attended the deceased from Mar. 30 1966 to Mar. 31 . 1966, that (I) (304 last saw the deceased alive on Mar. 31 _____19 66, and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DAJE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Rowe Blvd., Annapolis, Md. Francis M. Kopack, M.D. 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial ADDRESS Cematery 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Amazolis.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03225 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death hapletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) OUNTY ANNE ARUNDEL ARUNDEL MARYLAND b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURA), and give nearest town) GLEN BURNIE months d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 104 N. CHARTER ROAD KIMBROUGH ARMY HOSPITAL YES NO 🔯 3. NAME OF 4 DATE Firs? Middle Lost Month Dov Year DECEASED 1066 30 RYDER MARCH MARY JOSEPHINE (Type or print) DEATH S SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last_birthday] Months Hours FEMALE CAU DECEMBER 1922 WIDGWED DIVORCED and 10a US JAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CIT.ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? NEWBURN, N.C. HOUSEWIFE v the attending physici nsit permit. Then ple matian, ar remaval, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAY BAXTER JOSEPH OLIVER BARBERRY 15 WAS DECEASED EVER IN 11.5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) [(If yes give war ar dates af service) 264-28-1627 LCDR STANLEY RYDER Same as Item 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY Pulmonary Edema IMMEDIATE CAUSE (o). DUE TO 2-3 Years METASTATIC CARCINOMA OF BREAST Conditions if any, which gove rise to immediate couse (a), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been the last SD WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION detached far use te Dept. of Health ASCITES YES X NO F TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar 20a ACC DENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg, etc.) Not While at work L ot work shauld be I4 Dec to 30 Mar 2). I certify that (I) (this haspital) attended the deceased fram. 1900 1966, that (1) (we) last saw the deceased alive on 30 19 66, and that death accurred at 205A M, fram causes and on the date stated above. Mar 22b. DATE SIGNED 22a SIGNATURA ATTENDING MED DIRECTOR STAFF PHYS. 30 MARCH 66 directar, page 3 shauld be filed v M.D PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) KIMBROUGH ARMY HOSPITAL, FGGM, MD. PAUL K. BERG. CAPI. MC BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1.1966 Arlington Nat'l Cemetery Ft. Mever. 256. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Richard V. Singleton Glen Burnie, Md. MOD



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03213 03226requires that the death certificate be executed within 24 hours after death). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY b COUNTY Anne Arundel a. STATE Anne Arundel Maryland hours after MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Annapolis Arnold 4 days d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hosp9tal 53 Magothy Ave.. YES 🗍 NO 🔀 3 NAME OF Middle 4 DATE Month Doy Lost Year completely DECEASED 19 66 SAUERWALD 15 August Conrad March DEATH event, (Type or print) (OF IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED remaye last birthday) Manths Doys Hours White Male April 13, 1887 WIDOWED X and in any DIVORCED gud 10b. K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 (ITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done Buring most of working life, every fretired) ease COUNTERS **NDUSTRY** Maryland Bookeeper 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remayal, Rosa R. Wolf Joseph Saverwald 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) (If yes give war ar dotes of service) Louis Saverwald Same 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse has been the WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🗌 NO FUNERAL DIRECTOR: After this certificate by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office blda., etc.) Not While of work of wark 1966, to Mar. 15, 1966, that (1) (Wex lost 2]. I certify that (1) (the Pless POF attended the deceased fram France 11 sow the deceased alive on Mar. 15 1966, and that death occurred at M, from couses and on the date stated above 8:20 AM 22a SIGNATURE 22b. DATE/SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Hahn Prof. Bldg., Severna Park. Ray M. Smith, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Caunty) (Stote) REMOVAL (Specify) Holy Redeemer (emetery Baltimore, Md. 0 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Ruck Inc. Balto. Md. Mearles Judg 21214 DA



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03214 CERTIFICATE OF DEATH 03227 requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admiss an) PLACE OF DEATH a. COUNTY Maryland b. COUNTY Anne Arundel Anne Arundel MARYLAND filled in by the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If guiside corparate limits, write RURAL and give negrest town) C TENGTH OF STAY IN 16 Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital 406 Melvin Avenue YES NO. NAME OF Middle 4. DATE First £0ST Manth Day Year and completely DECEASED SHAW Marie March 15 Mabel 66 (Type or print) 19 DEATH IF UNDER 24 HRS B. DATE OF BIRTH AGE (n years IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** remove Manths birthday Days Hours 2-19-1894 Female White WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done during most of working life, even if the field) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12, CITIZEN OF WHAT COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, attending phy: permit. Then p INFORMANT Address IS WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes not artunknown) if it was give war or dotes at service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) interval between Onset **My**0 death signed by the burial-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6). DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 3 should be detached for use with the State Dept. of Health; YES 🔀 NO. Page 4 may be retained by the haspital or 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature at injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20r, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While of work at work 19.66, that (I) (WA) last 21. I certify that (1) (this kospital) oftended the deceased from 3-14 19.65 to saw the deceased alive an Mar. 15 196), and that deoth occurred at ____M, from couses and on the date stated above. 22o. SIGNATURE 22b DATE SIGNED MED. DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 59 Franklin Street Richard L. Hochman, M. D. directar, shauld b 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMAJORY 23# LOCATION (City or Yawn) (County) Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR



e franco	16N1	MARYLAND STATE DEPARTMENT. STATEST. BALTIMORE 1, M. DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ADVI AND
7		C3228 CERTIFICATE OF DEATH	13215
	death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence in the second lived, If institution is the second lived, If it is the second l	esidence before admission
	24 hours after death filled in by the funera apers. Pages 1 and 2 no 72 hours after death	Anne Arunde MARYLANO MARYLANO MACH GOLD THE STAY IN TO COLTY OR TOWN (If outside corporate limits with RIBAL	A-rundel and give nearest town
	urs In by Pag ours	9 en Marhio 4vn. Clen Meinhio	/
	4 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	B. IS RESIDENCE ON A FARM?
		North Arandel Hospital 1610 Glen View Ave	YES NO
	d with mplete carbo ent, wi	Gype or print) Joseph Bd Shearen. DEATH 3	0ay Year 14 1966
	executed within 24 hours after and completely filled in by the fremove carbon papers. Pages 1 o any event, within 72 hours after		1 YEAR IF UNDER 24 HRS Oays Hours Min.
		10a, USUAL OCCUPATION (Give kind of workdone 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
	cate physi n plea	13. FATHER'S MAINE 1 14. MOTHER'S MAIDEN NAME	
	ertifi ling Ther emov	I SAAC Sheaker RRYNER	~ .,
	e death ce the attend it permit. lation, or r	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5/4 (Yes, ne, or unknown) (If yes give war or dates of service)	Joy Circle
	the ation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	n/Susselfs
	at the ian. d by ransil crem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CREMIA	S MONTH
	uires that the death constitution of physician. It is signed by the attenct burial-transit permit. Deurial, cremation, or respectively.	conditions, if any, which) OUR ETELAL OBSTRUCTION)	6 Howit
	in see	gave rise to immediate cause (a), stating the underlying cause last. OUE TO CARCINOMA PROSTATE	3 YEARS
	law atte has se as h pr		19. WAS AUTOPSY PERFORMED?
		ARTERIOSCLERCSIS, GENERALIZED	YES NO
	PHYSICIAN: The law rathen the hospital or attender this certificate has I detached for use as the Dept. of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ACTICOS CLICASIS CONTRIBUTING TO CONTRIBUTION CONTRIBUTIO)
	G PHYSI by the ho er this e detack	20c, TIME OF INJURY Month, Oay, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a,m. While Not While at work at work at work at work	nty) (State)
	ATTENDING retained by CCTOR: After Should be with the State	21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19	, that (I) (we) las
	OR ATTENDI be retained IRECTOR: A ie 3 should ed with the	saw the deceased alive Dn19, and that death occurred atM, from the causes and on the causes are considered atM, from the causes and on the causes are considered atM, from the causes are considered atM,	ne date stated above ATE SIGNED
	AL OR DAY be lay be lay be 3 page 3 filed w	M.O. ATTENDING DIRECTOR DISTAFF DISTAFF 3/1	5/66
	P17 4 11 60.	22c. PHYSICIAN'S NAME (Type) LOGAN HOLTGREWE 100 Cotholival St. Annopolis	md-
	TO HOS Page TO FUN direct	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or courseled to the control of the con	inty) (State)
	0	Or 1 / F A/1 / A/1 A A MAR A MARIE &	S SIGNATURE
	VR A15 (4) 20M 1/65	Singleton Funeral Ame MonBunie 1482 of AR 21 1966 Januarla	Judge.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYI CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution; Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outs de corporete imits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) 25 yrs. Riviera Beach Riviera Beach d. NAME OF HOSPITAL OR INSTITUTION (if nof in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 242 Glenwood Rd. 2h2 Glenwood Rd. 3. NAME OF Middle Month DECEASED OF HENRY SISSON (Typa or print) DEATH 10 IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR last birthday) ۵ Months Male WIDOWED [DIVORCED | April 5. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Md. Biscuit Co. Chief Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Sisson Nettie Garrison 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. + 17, INFORMANT (Yes, no, or unknown) (If yes give wer or detes of service) Mrs. Alice Sisson 18. CAUSE OF DEATH [Enter only one cause per line for ie , (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH H WAS CAUSED BY: TERMIN AL BRONCHU-PNEUMONIA 6 HOURS DUE TO CEREBRAL HEMORRANCE Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying GENERALIZED ARTERIOSCLERUSIS PART I. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS' PERFORMED? RENAL- HEPATIC FAILURE NO X 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of Itam 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. [City or town) factory, street, office bldg., etc.) While Not While MEDI et work et work 1964, to 3 - 11 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 3. P.M., from the causes and on the date stated above. saw the deceased alive on?.... 22e SIGNATURE SIGNED Irthur DIRECTOR PHYS. 22d ADDRESS 22c PHYS CIAN'S NAME (Type) Riviera Beach, Maryland 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) March 16. 1966 Glen Haven Memorial Park Ritchie Hgwy, A.A.Co., Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) George J. Gonce, 4001 Ritchie Hgwy., Baltimore

RYLAND STATE DEPARTMENT OF HEALTH

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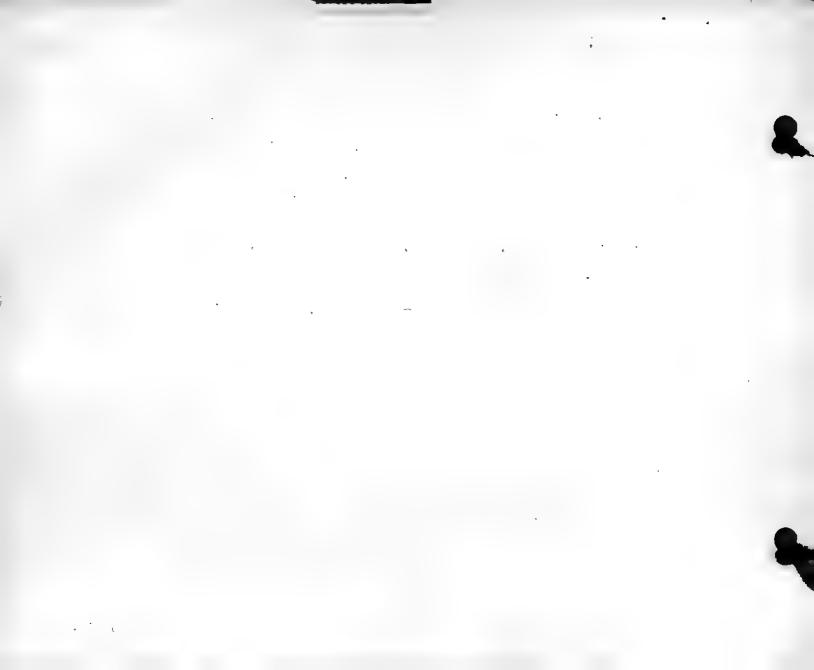
. 1	Item 18a Film G376, 4/25/MARYTAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	**
FOR STATE	03230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3217
HEALTH DEPT.	TIRK (ERRD)	Arunde1
after death If Coy delay is 8. Give Pages 1, 2, and 3 ta along with form PM3 Page with the state Department of without 22 hours after death	b (IIY OR TOWN (if outside corporate limits, write RURAL and give negrest to (it) len Burnie) C (IIY OR TOWN (if outside corporate limits, write RURAL and give negrest to (it) len Burnie Harendale (it) Harendale	1 /
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospito, give street oddress) North Aurndel Gneral Hospital 1913 Narwich Rd.	e IS RESIDENCE ON A FARM? YES NO
after death 8. Give Page along with f	3 NAME OF First Middle Last 4. DATE Month Do OF OF DEATH 3-3-	
along along	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years 30st b rthday) Months Doys Male White WIDOWED DIVORCED 5 July 1933 32 yrs Months Doys	IF UNDER 24 HRS.
hin 24 hours ncil in Item 1 n.ner's Office pages Land2 in ony event	1Do US_AL OCC_PATION (G ve kind of work done 1Db KIND OF BUSINESS OR 11 BHRTHPLACE (State or foreign country) 12 CTIZEN (GOUNTRY Stationary Engineer Physics Lab Baltimore, Maryland U.S.*)	OF WHAT
om.ner's (om.ner's (om.ner's (om.ner's doner))	George E. Smith - Sr. Margaret Balfonco	
uted w ligin (lical Ex mit. Fill vol, on	1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor of dates of service) (Yes, no, or unknown) (If yes give wor of dates of service) 218-28-6535 Mrs. Marilou Smith - Same as # 2	
This certificate should be executed within 24 hours after death. If to cate, writing the word 'pending' in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Exom.ner's Office along with form I be used as a buriol-transit permit. File pages land 2 with the state Der it to buriol, cremotion, or removol, and in any event with.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BY OFFICINO PLEATH OF IT A!	ITERVAL BETWEEN NSET AND DEATH
certificate should writing the word swarded to the C used as o buriol-tr burrol, cremotion,	Cond trops if ony, which gove rise to immediate couse (a). Stoting the underlying couse (b) DUE TO Probable hyperthyroidism DUE TO DUE TO	
certificate y writing the orwarded to used as o buriol, created	10st 10st	WAS AUTOPSY PERFORMED?
ER: This contribution of authority of a formal and be formal and the use of the contribution of the contri	200 EXTERNA. CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I of item 18.)	YES NO
三 3 年 5 年	20c EXTERNA. CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year Hour om. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, form, foctory, street, office bldg., etc.) 20d (City or town)	(Stote)
EXAM cute the loge 4 or your the your	pm 17 of work CJ	d in my apinio:
MEDICAL EXAMINER: please execute the certi- director. Poge 4 shauld retained for yaur files. DIRECTOR: Poge 3 should is designoted ogent, priv	death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER	
ury Minute Minut	ACTUAL SIGNATURE	22. date signed •66
TO DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health at its designated age	NAME (Type) R. Breitenecker, M.D. Address (Street, city, town, or county)	
VR A15ME (5)	Burial 7 March 1966 Cedar Hill Cemetery Brooklyn, Marylan 24. FUNERS DIRECTOR FUNERAL HOme ADDRESS Signal et on Funeral Home Glen Burnie. Md. DMAR 9 1966 Plands Signation	URE



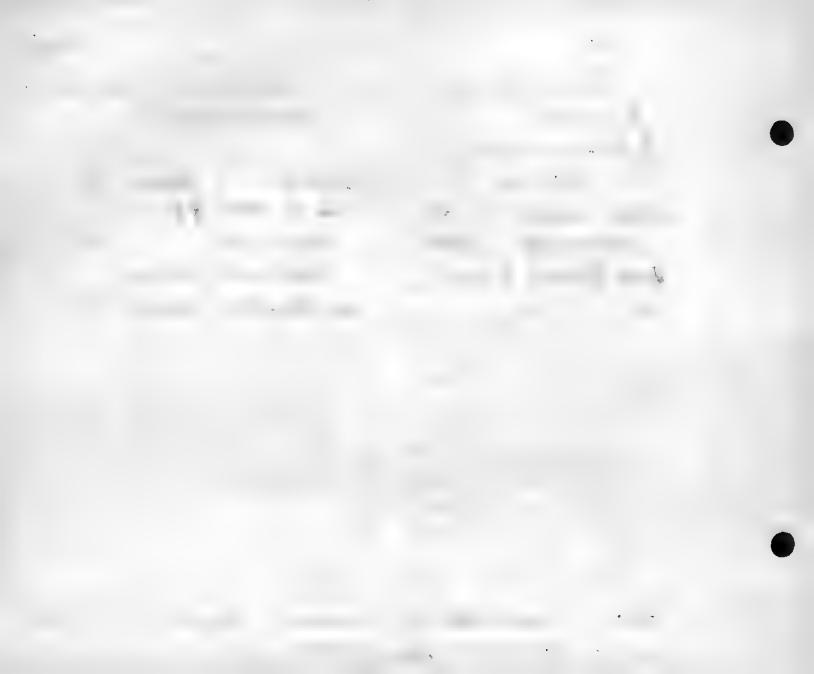
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03218 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and physician and campletely filled in by the funeral en please, remove carban papers. Pages 1 and over any event, within 72 haurs after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY g. STATE b. COUNTY Anne Arundel MARYLAND Mary land Anne Arundel b CITY OR TOWN (If autside corporate imits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELENGTH OF STAY IN 16 write RURAL and give neagest town) Churchton Annapolis day d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO 🗙 3. NAME OF Middle First Lost 4 DATE Month Dav Year DECEASED SMITH (Type or print) Helen Wirt. 29 IF JNDER 1 YEAR DEATH March IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (n years 7 MARRIED NEVER MARRIED lost bathdov) Months Dovs Haurs Female White WIDOWED DIVORCED Sept. 20, 1880 10a. JSJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Washington, B.C. Clevica 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys removal dradre WAS DECEASED EVER IN . S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT burial-transit permit. (Yes, no, or unknown) (If yes give war or dotes of service) ь Churchton crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by **DUE TO** burial, Canditions, if any, which gave rise to immediate cause (a). **DUE TO** as the stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT COADITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION/GIVEN IN PART I(0) WAS AUTOPS far use (Health p PERFORMED? YES NO. 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) df. detached (IF EITHER, NOTIFY MEDICAL EXAMINER with the State Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m foctory, street, office bldg., etc.) Not While at work 3 should be , 1965 ta 2). 1 certify that (1) (A) (1) (1) attended the deceased from / VOV. Mar. 29 19 66 that (1) (w) last 19 66, and that death accurred at March 29 _M, fram causes and an the date stated above. saw the deceased alive an. 22g. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR director, page 3 shauld be filed v M.D. PHYS PHYS. 22d. ADDRESS NAME (Type) Willard F. Smith. M.D. Shady Side, Md. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) WASHINGTON CREEK OCK 2Sq REC'D BY REGISTRAR FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 ARDEST



1(M)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	03232 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT. 음유 등 등 를	1 PLACE OF DEATH 0 COUNTY A / Co . MARYLAND 2 USUAL RESIDENCE (Where deceosed 1 ved, if nst tution Residence before odm ssion) 0 STATE NO 0 COUNTY A / Co
any delay is T, 2, and 3 to m PM3. Page Department of is after death.	b CITY OR TOWN (if outside corporate mits, write RURAL and give nearest town) Glen Bornie C LENGTH OF STAY IN 16 C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
form ours of	d. NAME OF HOSP TAL OR INSTITUT DN (If not in hospital, give street oddress) D.O. M- NOR 16. ARUNOEL - HOSD. 407 MARIE AUE-Skularan CES NO 3
88675	3. NAME OF Fut Middle Lost 4 DATE Month Doy Year OF OF DEATH 3 2 196 C
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At Executive Executive Page 1 far y TOR: Page 1 far y	21. I certify that I poor charge of the remains described abave, held on Autapsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
MEDICAL EXA please execute director. Page retained for yo. DIRECTOR: Page is designated a	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE ACTUAL ACTUA
TO DEPUTY MEDICAL EXAMINER: The necessary, please execute the certificate funeral director. Page 4 should be 5 may be retained for your fles. TO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior	EXAMINER'S NAME (Type) 1= La hose of . DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 3/3/16 6
TO D nece the 5 m TO FL	230 BUR AL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Store) BUT 121 3/6/66 Greensboro Cemetery Greensboro Md
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS ADDRESS ZSO. RECD BY REGISTRAR ZSO. REGISTRAR SIGNATURE Kirkley Funeral Home. Glen Burnie DAVAR 8 1956 Icharley Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03221 03233 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death deoth and and completely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND outside corparate limits, C LENGTH OF STAY IN 16 CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) give negrest town) SHERWOOD FOREST IS RESIDENCE ON A FARM? d. STREET ADDRESS (If not in hospital, give street address) NO D NAME OF Middle Lost 4. DATE Month Dov Yeor DECEASED OF DEATH 1966 (Type or print) SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH thdoy) Months Doys Hours DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT DIST. OF COL 13 FATHER'S NAMI or removo AROLINA 16 SOCIAL SECURITY NO. 17. INFORMANT C HOUSTON crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burnol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ş, signed 1 buriol Conditions, if any, which gove rise to immediate cause (a). .-DUE-TO as the stating the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPS!
PERFORMED? CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use i with the State Dept. of Health YES NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of Item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH should be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) **Not While** factory, street, affice bldg., etc.) at work 21. I certify that (1) (this hospital) attended the deceased fram. , that (I) (we) last sow the deceased alive on 19 Command and that death occurred of 301 M, from causes and on the date stated above. 220 SIGNATURE DATE SIGNED ATTENDING MED. DIRECTOR STAFF director, page 3 should be filed v M.D. PHYS. **ADDRESS** 22c JPHYSICIAN S NAME (Type) FORT LINCOL LOCATION (City or Town) (Stote) BURIAL, CREMATION 23b DATE THEREOF (County) Co REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 2Sb. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY. MARYLAND ANNE ARUNDEL ANNE ARUNDEL MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
FORT GEORGE G. MEADE hours 16 DAYS LAUREL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ACCRESS filled ON A FARM? 208 PATUXENT ROAD KIMBROUGH ARMY HOSPITAL within NO X YES 1 executed within completely NAME OF First Middle Last DATE Month Cay Year OFCEASED 1966 MARCH 26 (Type or print) HEREN RUTH SAYRE STEVENS DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. OATE OF BIRTH 6. COLOR OR RACE emove 7. MARRIEO _ NEVER MARRIED last birthday) | Months | Days Hours OCT 1888 FEMALE WHITTE DIVORCEO WIOOWED K 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 2 COUNTRY? certificate be during most of working life, even if retired) Marion, Indiana USA N/A None attending physical 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME remova Ruth Winters Joel Grover Sayre 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT 200 Patuxent Road d by the attend transit permit. cramation, or r death (Yes, no, or unknown) I (If yes give war or dates of service) 1013-36-4974 Mrs. Jane Stevens Pope Laurel, Maryland INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure n signed burial-tran burial-tran burial, cra Several **OUE TO** Emphsema Years Conditions, If any, which (b) peen gave rise to immediate 급 Several **DUE TO** cause (a), stating the as th Carpulmonale Years underlying cause last, No WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate ICAT Emphysema with pulmonary Emboli NO [YES K ERTIF 203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detache (State) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INTURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work 19 66 26 Mar 19_66. that the (we) last o 21. I certify that (this hospital) attended the deceased from March TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 26 Mar and that death occurred at 2: M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE MEO.
DIRECTOR ATTENOING STAFF 26 MARCH 1966 PHYS. ADDRESS PHYSICIAN'S 22d. 22c. director, p NAME (Type) STRONG . CAPT . MC KIMBROUGH ARMY HOSP FT GEO G MEADE ME DOUGLAS (State) OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. -BURTAL, CREMATION, REMOVAL (Specify) 23b. **REGISTRAR'S SIGNATURE** REC'O BY REGISTRAN 25b. 25a. FUNERAL DIRECTOR VR A15 (4) 20M 1/65



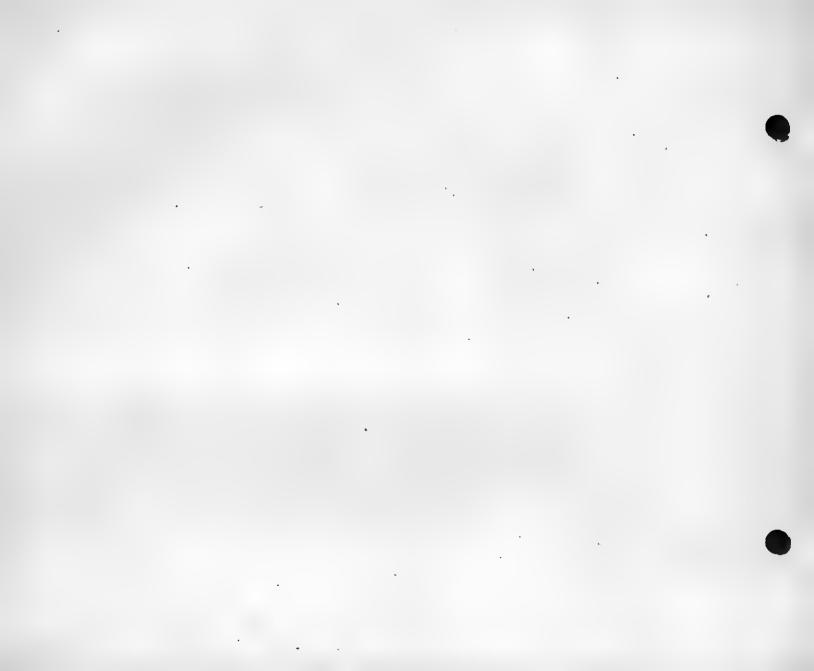
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, if institution: Residence before edmissron) a. COUNTY **b.** COUNTY Md. b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) within 24 write RURAL and give nearest town] Millersville mo. Milleraville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Oakdale Circle YES NO pernied Oakdale NAME OF Middle 4. DATE Year Month DECEASED OF (Typa or print) DEATH carbon, nt. with Revnolds 19 9. AGE (In years, IF UNDER 1 YEAR 8. DATE OF SIRTH IF UNDER 24 HRS death certificate be pue 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) any event, Months 1885 Male Uaucasian WIDOWED T DIVORCED I attending physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratirad) General General Store Penna. USA please ⊆ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Augustus A. Susan Holland removal. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT In no. 2 above. (Yas, no, or unkown) i (Ifyes give war or dates of sarvice) the th No 190/01/2610 Raymond E. Tate the hospital ar attending physician, been signed by INTERVAL BETWEEN ō ONSET AND DEATH heart farlure I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying the cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) SE 0 19. WAS AUTOPSY CERTIFICATION PERFORMED use prior NO Por 20a. ACCIDENT WAS UNDERLYING [20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) After this Health OR CONTRIBUTING TI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ; 2Df, (City or town) 2Dc. TIME OF INJURY Month, Day, Year (County) (Stata) ō, factory, street, office bldg., atc.) While Not While DIRECTOR Dept. at work at work p.m 99 in and 5279 66, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on. Mach 221966, and that should State | 6, and that death occurred at 2.1 M, from the causes and on the date stated above. 22a. SIGNATURE **ATTENDING** HOSPITAL with th FUNERAL PHYS. M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS director, E NAME (Type) death. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) Sylvan Uniontown, Penna Y REGISTRAR 256, REGISTRAR'S SIGNATURE Buria Hots. 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS VR A15 (4) Brooks Dundalk 20M S-63



and its	1	(M)	MARYLAND STATE DEPARTMENT OF HEALTH
		TAI	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
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	he de	nati p	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. DISET AND DEATH
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	SPITAL OR ATTENDING 4 may be retained by	the	21. I certify that (I) (this hospital) attended the deceased from 1960, to 3-30, 1966, that (I) (we) last
	ATT	Se 보고	saw the deceased alive Dn 3 29 1946, and that death occurred at 120 M, from the causes and on the date stated above.
	e e	ede	M.D. PHYS. ATTENDING MED. STAFF DIRECTOR PHYS.
	TAT ME S	e # 2	22c. PHYSICIAN'S NAME (Type)
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	Page	should be filed with the State Dept. of Health prior to burial, cremi	23a. BUTIAL, CREMATION, 23b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)
		00	24 DINERAL DIRECTOR () ADDRESS (1.25a, REC'D BY RECISTRAR'S SIGNATURE
	VR AL	5 (4)	for the following for any fly W. APR 5 1966 getwarley Judge
	2DM		Your J. James, Scholar IN Mar DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY PRINCE GEORGES a. STATE after ANNE ARUNDEL MARYLAND in by the s. Pages lours after CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b hours FT GEO G MEADE 1 DAY LAUREL bon papers. within 72 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? KIMBROUGH ARMY HOSP, FGGM, MD 8830 HUNTING ND TO YES within completely ive carbon p 3. NAME OF First Middle Last DATE Month Day Year DECEASED remove carb OF (Type or print) JEREMY (NMN) THEBAUD DEATH 19 66 mecuted 5. SEX 6. COLDR DR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours and M CAU DEC 11 WIDOWED DIVORCED [.5 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT Φ. during most of working life, even if retired) INDUSTRY COUNTRY? and eas N. USA MONE OXFORD. ENGLAND phys ā - : 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physrmit. Then property of removal, DIANA SINCLAIR - HILL 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. | 17. INFORMANT Address Indianapolis, Ind permit. (Yes, no, or unknwn) (If yes give war or dates of service) death Mrs. Thebaud, 4237 N. Catherwood Ave cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the -transit ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA physician, 7 HOURS IMMEDIATE CAUSE (a). gned been signer the burial-t DUE TD KYPHOSCOLIOSTIC HEART DISEASE Conditions, If any, which UNKNOWN (b) gave rise to immediate DUE TD cause (a), stating the SEVERE CHEST DEFORMITY SECONDARY TO POLIO as th prior 1 YEARS underlying cause last. CERTIFICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health PERFORMED? certificate YES DE NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work 19 at work retained 70 19 66, to 1/4 MAR 19 66, that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: shoul 19.66 and that death occurred at 31,35M, from the causes and on the date stated above. saw the deceased alive on. 3 sho 22a. SIGNATURE DATE SIGNED ed ATTENDING MED. STAFF PHYS. 14 MAR 66 PHYS DIRECTOR Da 123 HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS tor, be NAME (Type) ROALD A NEISON should FGGM. direct BURIAL, CREMATION, 23b. DATE THEBEOF 23c, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 25a. REC'D BY REGISTRAR 25b. 1966 VR A15 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USURL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY e. STATE b. COUNTY by the and 2 death. MARYLAND b. GITY OR TOWN (if outside corporate limits, OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 write RURAL and give negrest down Pages . IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO X mpletery 3. NAME OF 4. DATE Month Dev Middle Yeer Lest DECEASED OF DEATH (Typa or print) and cor 8. COLOR OR BAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE I'M YOURS HE UNDER I YEAR IF UNDER 24 HRS. 5. SEX est bighday) Months Days Hours WIDOWED X DIVORCED USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired MOTHER'S MAIDEN NAME FATHER'S NAME attending Then please 6. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (Ifyesgive werordatesofservice) 18. CAUSE OF DEATH | Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ۵ ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e. **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116) 19. WAS AUTOPSY CERTIFICATION PERFORMEDA NO 206. DESCRIBE HOW IN. URY OCCURED. Enter hathre of injury in Part I or Port II of item 18) 2De ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER). 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour e.m. at work at work p.m. 1960 human 2).19.66 and that death occurred at CP.M. from the causes and on the date stated above. saw the deceased alive on DATE 2Ze. SIGNATURE /SIGNED ATTENDING DIRECTOR death. Page 4 PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME [Type] ector, lifed v 238, BURIAL, CREMATION, 23b, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, toyin of county) (Stata) و به 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03240 CERTIFICATE OF DEATH death. executed within 24 haurs after death campletely filled in by the funeral ove carban papers. Pages 1 and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY **b** COUNTY Anne Arundel ve carban papers. Pages 1 event, within 72 hours after MARYLAND Maryland Anne Arundel b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis 2 days Churchton d. NAME OF HOSP TAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital Box 24 YES NO NAME OF please remove carban First Middle 4. DATE lost Month Year DECEASED OF DEATH Selmon THOMPSON 30 19 66 March (Type or print) Porter S SEX 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Doys and in any Male Negro June 15, 1887 WIDOWED DIVORCED physician and chen please remo 10o. JSJAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Construction
13. FATHER'S NAME 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT requires that the death certificate as COULTRY? Maryland 14 MOTHER'S MAIDEN NAME burial, crematian, ar removal, Elliott Thompson Unknown IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Md signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 219-28-61d1 Margaret Thompson Box 24 Churchton 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL DETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), **DUF TO** stating the underlying couse directar, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN JART 1/41 TO FUNERAL DIRECTOR: After this certificate has WAS AUTOPSY PERFORMED? Page 4 may be retained by the haspital ar NO TO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot wark at work 21. I certify that (I) (this chaspinals attended the deceased from _____, ta Mar. 30 ____, 19 66, that (i) (we) last . 19 saw the deceased alive an Man 30 1966, and that death occurred at M, fram causes and an the date stated above. 22o. SIGNAT 22b. DATESIGNED ATTENDING STAFF PHYS. X M.D. DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) F. Smith, M.D. Shady Side, Md. 23b. DATE THEREOF 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify)
Buriel Franklin Church Anne Arundel 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR VR A15 (4) MPR Hicks.111 Annapolis. Md 20 M 1/66

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TE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY a. STATE b. COUNTY by the sand 2 seepth. Anne arundel MARYLAND c. CITY OR TOWN (If oulside corporele limits, write RUKAL and are recent b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 24 write RURAL and give nearest fown) - Millersvile Rural - Waterbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) papers. Pagi n 72 hours a d. STREET ADDRESS IS RESIDENCE ON A FARM? NO IX Knodlwood Hanor YES [3. NAME OF Yeer DATE Moath Day James DECEASED OF (Type or print) DEATH carbon 1 19 the second second second 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH and NEVER MARRIED lest birthdey) Monthsi in any event, Hours WIDOWED DIVORCED please remove 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired? mail carrier U.S. Govit Washington USA 14. MOTHER'S MATDEN NAME 13. FATHER'S NAME attending and James Tindall Then Anne Downs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? removal, 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rar detes of service) 217-34-6934 Ars. Dorothy T. Rice -Spanish-am. same as #2 permit. the hospital or attending physician. 18. CAUSE OF DEATH |Enter only one ceuse per line for (e), (b), and (c). DIRECTOR: After this certificate has been signed by INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OBSTRUCTION (MUCOUS IMMEDIATE CAUSE (e) cremation, the burial-transit DUE TO FAILURE (b) gave rise to immediate cause burial DUE TO (a), stating the underlying STENOSIS PHYSICIAN: couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 38 9 CERTIFICATION use prior H20TEMIA NÖ IARETES MELLITUS 200 ACCIDENT WAS UNDERLYING 햣 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH detached be retained by ATTENDING MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) [Stete] Month, Dey, Yeer (County) ō factory, street, office bldg., etc.) While Not While Hour e.m. Dept. el work et work p.m å 21. I certify that (I) (this hospital) attended the deceased from MAR 5 19.60 10. 196 (that (1) (we) last should19 (P. Q., and that death occurred at 1.20 M, from the causes and on the date stated above. saw the deceased alive on MAR may 22b. DATE 22e. SIQNATUR 3 ATTENDING SIGNED MAED STAFF HOSPITAL FUNERAL page with # Page 4 DIRECTOR PHY5. M.D. RIVER MED 22c. PHYSICIAN'S 22d. ADDRESS director, p 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slete) REMOVAL (Specify) Millersville Burial Baldwin 250. REG'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral VR A15 (4) Hómó annapolis 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03242 deoth. requires that the death certificate be executed within 24 hours after death рио 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the ottending physician and completely filled in by the funeral sit permit. Then places I and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Marvland Anne Arundel Anne Arundel MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 write RURAL and give neorest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e 15 RESIDENCE ON A FARM? Anne Arundel General Hospital 1155 Madison St. Apt-B 1 YES NO X Middle 3. NAME OF Fiest Lost 4 DATE Month Year Dov DECEASED 19 66 Allen VINSON March William (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years birthdoy) Months Days Hours March 20, 1890 Male White DIVORCED XX WIDOWED 100. USUA, OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Arkansas Janitor Business Estab. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remo Burton David Vinson Henrietta manwarning IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) ((If yes give wor or dotes of service) Mrs. W.W. Young - same as #2 18. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), ong (c).)
PART 1, DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been os the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 10 4 may be retained by the hospital ar for 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Yeor (County) Hour o.m. foctory, street, office bldg, etc.) Not White of work ot work 21. I certify that (1) (Nicconstitute attended the deceased from March 8 , 19 66, to Mar. 14., 19 66, that (1) (New loss director, page 3 should should be filed with the saw the deceased alive on Mar. 14 1966, and that death occurred of _____M, from causes and on the date stated abave. 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR M.D. PHYS ADDRESS Franklin St., Annapolis, Md. 22c. PHYSICIAN S Richard I. Hochman, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. 23b DATE THEREOF (Stote) REMOVAL (Specify) Hillcrest Cemetery 255. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTO 2So. REC'D BY REGISTRAR VR A15 (4) 1956 20 M 1/64 Homer 4 runera/1 Amnapolis.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03231 03243 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral Bye carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY o. STATE b. COUNTY MARYLAND b CHT DR TOWN (If outside corporate limit c. LENGTH OF STAY IN 16 c. CHY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) papers. Pagi hin 72 hours a 0 IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (Wnatin hospital, give street address) d STREET ADDRES within NO S YES 3. NAME OF DATE Middie Month Day Year DECEASED OF DEATH (Type or print) 19 SEX 6 COLOR OR RACE 1 YEAR IF UNDER 24 HRS 7 MARRIED DATE OF BIRTH 9. AGE (in years NEVER MARRIED humaoy) Months Dovs Hours X WIDOWED DIVORCED (Give kind of work done 10b KIND OF BUSINESS OR 11 BURTHPLACE nty & State, or foreign (ountry) 12 CITIZEN OF WHAT INDUSTRY COUNTRY please GB 13. FATHER S NAM 14. MOTHER'S MAIDEN NAME remova WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) crematian. 18. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) physician DUE TO signed burial, Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause attending as the has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? USE NO Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate jo 20g ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While factory, street, office bldg .etc.) ot work 21. I certify that (I) (this haspital) attended the deseased from shauid and that death occurred at from couses and on the date stated above saw the deceased olive on. 220 SIGNATURE 226_DATE SIGNED director, page 3 s should be filed wi STAFF M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d_LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) REGISTRAR'S SIGNATUR FUNERAL/DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) & COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO NAME OF Middle DECEASED (Type or print) DEATH and con 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 6. COLOR OR RACE MARRIED NEVER MARRIED last bighday) Months WIDOWED C USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY? thost of working life, even if relired) 33. FATHER'S NAME 16 SOCIAL SECURITY NO. I (Yes, not of unknown) | (if yes give wer or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per fine for (e). (b), end (c). ONSELAND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate causa DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of nury in Part 1 or Part 1 of Item 18) Month, Day, Year | 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) 20c. TIME OF INJURY (County) (Shele) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. 19 to 7144/12 1964that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from....19 fc., and that death occurred at A M, from the causes and on the date stated above. saw the deceased 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d APTIRESS 22c. PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY 23d ACCATION (City) 23s. BURIAL, CREMATION. 23Ь. VR A15 [4] 15M 7-62



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, if institution, Residence before admission) **B. COUNTY** a. STATE b. COUNTY 92 death. Anne Arundel MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) .E *-Glen Burnie Glen Burnie Pages yrs. executed within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? 1033 Dorsey Road 1033 Dorsey Road YES NOW completely papers. 3. NAME OF 4. DATE Midd.a Month Yaar DECEASED (Type or print) Fillmore Wenck, Jr. DEATH within March 66 19 carbon 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS and last birthday) event, Months Male May WIDOWED [DIVORCED 1888 death certificate attending physician please remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if ratirad) Carpenter Retired Itimore USA 13. FATHER'S NAME 5/ MOTHER'S MAIDEN NAME Millard Fillmore Wenck, Sr. Elizabeth Ann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT requires that the removal, Address (Yas, no, or unkown) [(Ifyasgiva war or dates of service) been signed by the no Mrs. Philomena Wenck, same as permit. 18. CAUSE OF DEATH |Entar only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) cremation, burial-transit コロラゴ DUE TO Conditions, if any, which gave risa to immadiata causa **DUE TO** (a), stating the undarlying the by burial cause last. te hospital or , is certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION 98 2 PERFORMED? use prior NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f., (City or fown) (County) (State) Hour a.m. While factory, street, office bldg., atc.) Not White al work al work 21. I certify that (I) (this hospital) attended the deceased from... 19. and that death occurred at ... saw the deceased alive on PM, from the causes and on the date stated above. 22a. SIGNATURE 22b, DATE ATTENDING MED. STAFF SIGNED ath. Page 4
FUNERAL PHYS. DIRECTOR PHYS. HOSPITAL page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Wayne director, i Tate М. Central Ave. m Glen Burnie 108 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Heights Cemetery Brunswick, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirkley Funeral Home, Glen Burnie, Md. VR A15 (4) 20M 5-63

ARYLAND STATE DEPARTMENT OF HEALTH



1 (8.6)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= 1V1	03246 CERTIFICATE OF DEATH
hours after death. d in by the funeral irs. Pages, and 2 2 hours after leafn.	PLACE OF DEATH
i i i i i i i i i i i i i i i i i i i	Anne Arundel Maryland Anne Arundel
by the Pages 1	write RURAL and give nearest town)
hours d in b rs. P	Annapolis 52 days Annapolis Crownsville 2./ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE
fille pape	U.S. Naval Hospital U.S. Naval Hospital U.S. Naval Hospital U.S. Naval Hospital
thin thin telly with	3. NAME OF First Middle Last 4. OATE Month Day Year DECEASEO
ited within completely ve carbon event, with	(Type or print) Raymond Aloysius WILK DEATH March 28 19 66
end con	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	Male Caucasian WIOOWED OIVORCEO 4 February 1966 yrs. 1 22 100, USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
2 2 2	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR line in the country astate, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? Annapolis, AA, Maryland USA
cate	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
certifica ding pr	Ronald A. WILK Marcia EENIGENBURG
death certificate ne attending physi permit. Then ple tion, or removal, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addro38 Summerhill
at the death coinsing the attended by the attend transit permit.	Ronald A. WILK (Father) Crownsville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
that the sician. In the by the al-transit al, cremat	PART I, DEATH WAS CAUSED BY: CONCENTRAL HEADY DIGEAGE
that sicia ned al-tra	7545 OUE TO
physylvisia buris	Conditions, if any, which by PREMATURITY
The law requires or attending physate has been sigues as the buritable burit	cause (a), stating the OUE TO
law atten has as	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
HYSICIAN: The law requires that the delete hospital or attending physician, this certificate has been signed by the stached for use as the burial-transit per Dept. of Health prior to burial, cremation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMEO? YES NO OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certific detached fo detached fo	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
rsic hos is ce ache ept.	
JING PHYSI d by the h After this 1 be detact State Dep	Hour a.m. While Not While factory, street, office bidg', etc.)
	21. I certify that (I) (this hospital) attended the deceased from 4 Feb , 19 66, to 28 March , 19 66, that (I) (we) last
HOSPITAL OR ATTENDI ARE 4 may be retained FUNERAL DIRECTOR: 4 Frector, page 3 should fould be filed with the	saw the deceased alive on28 March19.66 _, and that death occurred at 930FM, from the causes and on the date stated above.
R ATTION OF FECTO OF STATE OF	22a. SIGNATURE 22b. DATE SIGNED
AL OR hay be page page tilled	22c. PHYSICIAN'S 22d. AOORESS
SPITA SPITA A m NERA Idor, Id be	CHARLES B HARGRAVE LCDR MC USN U.S.NAVAL HOSPITAL, ANNAPOLIS, MARYLAND
TO HOSPITAL C Page 4 may b TO FUNERAL Di director, pagi	BURIAL, CREMATION, 23h DATE THEREOF 231. NAME OF CEMETERY, OF CREMATORY 23d. LOCATION (City, town or county) (State)
F = -	24 / FUNERAL DIRECTORY ADDRESS. 1 252, REPUBLY REGISTRARY 250 / PREALSTRANS SIGNATURE.
VR A15 (4)	oh M. To Tox Aris Chin polis Md. MAR 3 I 1968 frances Judge
20M 1/65	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY affer ANNE ARUNDEL MARYLAND ARUNDEL. the MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by ANNAPOLIS, MARYLAND ANNAPOLIS ,= 2/S RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS 660 AMERICANA DR APT within 7 U.S. NAVAL HOSPITAL ANNAPOLIS. MARYLAND YES NO X completely rbon 3 NAME OF DATE Middle Last Month Day Year DECEASED event, CHARLES (n)WILKES MAR DEATH 10 19 66 (Type or print) AGE (In years | FUNDER 1 YEAR || FUNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) | Months Davs Hours remov and and in any MALE 13 SEP 1897 68 CAU WIDOWED DIVORCED [10a, USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) **COUNTRY?** certificate be CHARLOTTE, NORTH CAROLONA U.S. U.S. NAVY RETIRED

13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME attending primit. Then JAMES RENWICK WILKES CAROLINE SETTLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) WIFE MRS. MARY G. WILKES SAME AS the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: CEREBROVASCULAR ACCIDENT IMMEDIATE CAUSE (a) DUE TO CARCINOMA OF GALLBLADDER WITH METASTASES buri Conditions, if any, which (b) peen gave rise to immediate DUE TO cause (a), stating prior underlying cause last certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? NO A YES [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this certification of leading of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While retained by at work _ at work FUNERAL DIRECTOR: A lirector, page 3 should hould be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19. to. 19_ ____ that (I) (we) last saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22b. DATE SIGNED SIGNATURE 22a. page ATTENDING MED. DIRECTOR STAFF PHYS. 10 MAR 1966 M.D. PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS director, p NAME (Type)C.B. HARGROVE. USNR USNH. ANNA. MD. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State BURIAL, CREMATION, 23b. REMOVAL (Specify) BURIAL 2 ARLINGTON. NATIONAL 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTO **ADDRESS** 25a. REC'D BY REGISTRAR 1966 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CIDA OB JOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page iin 72 hours a á = AL OR INSTITUTION (if not in hospital, give street address) filled d_STREET ADORESS e. IS RESIDENCE ON A FARM? n and completely fille remove carbon pape in any event, within 7 No I YES executed within NAME OF First Middle Last DATE Month Oay DECEASED 3 (Type or print) DEATH 19 60 SEX 6/CDLOR OR BACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours WIOOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY Labor Foreman construction Aquascco.PrinceGeorgeMd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then remov Philmore Wilkinson Betty Robey 15. WAS OFCEASED EVER IN U.S. ARMED FORCES? Address napolis, rd. 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the atten the burial-transit permit. In to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) William Wilkinson-Chiquapin Rd. Rd 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a). DUE TO Conditions, If any, which gave rise to Immediate DUE TD cause (a), stating prior underlying cause last. ass. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION PART 1(a) 19 WAS AUTDPSY for use Health p PERFORMED? certificate NO II YES 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) I be detached for State Dept. of I DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) Hour factory, street, office bldg., etc.) a.m. While Not While at work at work p.m. D HOSPITAL OR ATTENDII Page 4 may be retained 0 뺡 I certify that the libis hospitally attended the deceased from Diminion 1960 DIRECTOR: age 3 should led with the and that death occurred at 42.50 M, from the causes and on the date stated above. saw the deceased alive on **SIGNATURE** 22a. 22b. DATE SIGNED page ATTENDING PHYS. STAFF PHYS. M.O. DIRECTOR TO FUNERAL director, pa should be fil OCUM 22d. ADDRESS DHNL. HEDEMAN 'മ BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) rury's Chthlolic Burial FUNERAL DIRECTOR REGISTRAR'S SIGNATURE AODRESS 25a. REC'O BY REGISTRAR VR ALS (4) runera riome 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Ξ 15 M 112 d. NAME OF HUSPITAL OR INSTITUTION (if not in hospital, give street address) Filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Henson 100 NO X death certificate be executed within 3. NAME OF Middle EUNICE Month Day Last DATE DECEASED DF (Type or print) DEATH 1966 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED 8. and c WIDOWED DIVORCED 3 Ξ 10a. USUAL OCCUPATION (Give kind of work done physician an please reval, and in 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? RIA.CO iding phy Then pl removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending rial-transit permit. The rial, cremation, or remo FUNILE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address (Yes, no. or unknown) | (If yes nive war or dates of service) Mother Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** has been significant as the burian prior to burian Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hand for use a WAS AUTOPSY PERFORMED? YES NO 🖂 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) this certi-etached f Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) DIRECTOR: After age 3 should be diffled with the State Hour a.m. ¬Not While 19 at work at work NOSPITAL OR ATTENDIO Page 4 may be retained 21. I certify that (I) (this hospital) attended the deceased from 19/4 March and that death occurred at 32 PM. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page MED. ATTENDING STAFF PHYS. DIRECTOR O FUNERAL director, pa should be fil O HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL CREMATION, 23b. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) *AUNERAL DIRECTOR* ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03238 CERTIFICATE OF DEATH 03250 filled in by the funeral n gapers Pages 1 and 2 other 24 haurs after death death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before comission) o. COUNTY o. STATE b COUNTY Anne Arundel Maryland MARYLAND Anne A_undel b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Annapolis Annapolis give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 130 Smith Ave.. requires that the death certificate be executed within YES NO X 3 NAME OF Middle DATE Month Year Doy DECEASED WILLIAMS, Sr. DEATH C. 1966 Raymond 18 ove cart (Type or print) March S SEX 6 COLOR OR RACE 9. AGE (In years 8. DATE OF BIRTH IF JNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED Male birthdoy) Months Doys Hours White June 22, 1897 be detached for use as the burial-transit permit. Then please rena State Dept. of Health prior to burial, cremation, ar remaval, and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 31 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Electrician

13. FATHER'S NAME INDUSTRY 1 Sto Maryl se Co Maryland Utilities 14. MOTHER'S MAIDEN NAME James S. Williams Susan Knott IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Mrs.Mary A.Williams-wife yes same as abo ve signed by the a burial-transit pe 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO A 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ATTENDING ot work ot work 21. I certify that (1) (NOTE CONTROL attended the deceased from APRIL 10/8 mgc ____, 1966 , that (I) (we) lost director, page 3 shauld shauld be filed with the saw the deceased alive an OFER 1966, and that death accurred at 1A M, from couses and on the date stated above 22p (16) 490R 225 DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edward S. Beck, M.D. Franklin St., Annapoliw, 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 3/21/66 Cedar Bluff Cemetery 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNA 24 FUNERAL DIBERTOR **ADDRESS** 1966 uneral



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13239

CERTIFICATE OF DEATH 03251 The law requires that the death certificate be executed within 24 hours after death. and physician and campletely filled in by the funeral en please reprove carban papers. Pages 1 and avol, and in the edit, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an. Residence before admission) a COUNTY Anne Arundel a. STATE Maryland b. COUNTY MARYLAND & LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 22 Yrs. Baltimore Crownsville ON A FARM?
YES NO d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 1648 Gilmore Street Crownsville State 06 'ospital 3. NAME OF DECEASED 4. DATE OF Middle billis #16446 Junior (Type ar print) DEATH S SEX 6 COLOR OR RACE 7. MARR.ED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 6/25/27 buthday) Months Days Haurs Neoro Male WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? South Carolina Unknown 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME M.G. Willis пкпошо 16 SOCIAL SECURITY NO. 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) Hospital Records Unknown 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I: DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit Y ONSEL AND DEATH Cerebral Abscess IMMEDIATE CAUSE (a) signed by Epidural & Subdural Abscess of Undetermined Conditions, if any, which gave 3 rise ta immediate cause (a), Years? Etiology stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been far use as the 19 WAS AUTOPSY
PERFORMED?
YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) Nat While factory, street, affice bldg, etc.) Crownsville, Maryland at wark 21 I certify that (I) (this haspital) attended the deceased fram $\frac{7/4}{}$, $\frac{1944}{}$, ta $\frac{3/20}{}$, $\frac{1966}{}$, that (I) (we) last saw the deceased abye an $\frac{3/20}{}$ 1966, and that death accurred at $\frac{9:45}{}$ M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE STAFF 3/28/66 directar, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S Crownsville, Maryland NAME (Type) Benedict, M.D. 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAK CREMATION (State) REMOVAL DOCUME CMOUT 25b. REGISTRAR'S SIGNATURE ZSa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Milianley Judge annapolis care I



ON STREET, BALTIMORE 1, MAR OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND 12 th b. CITY OR TOWN (if outside corporate limits, wind RURAL and give nearlyst town) LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) d. NAME OF HOS ITAL OR INSTITUTION (if not in hospital plive street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Wood's Road completely Papers. 3. NAME OF Middle DATE Day Year DECEASED (Type or print) DEATH physician and comso representations 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday Months Days Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Sieta, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Steven Brady Emma Havener 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyesgive were rdetes of service) None Shady Eugene 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which geve rise to immediate cause DUE TO (a), staling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of mury in Part I or Part II of Item 18 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (Stete) Month, Dey, Year 20f. [City or town] (County) fectory, street, office bldg., etc.) Hour a.m. While Not While at work et work p.m 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 10 AM, from the causes and on the date stated above saw the deceased alive on 22a. SIGNATUI DATE SIGNED ATTENDING. DIRECTOR PHYS. PHYS. death. Page ... 22c. PHYSICIAN'S 22d. ADDRESS director, I 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slete) 23a. BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Specify) emeterv Washington 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4]. 15M 7-62



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03241 03253 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral remove carbon popers. Pages 1 and death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYIAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b RURAL - Crownsville davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS in 72 Anne Arundel General Hospital Rt-1. Box-26 YES NO 3. NAME OF 4. DATE Last Day Year DECEASED Margaret YORK (Type or print) March 19 66 **OFATH** 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Haurs Female White WIDOWED DIVORCEO Oct. 12, 1907 58 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? Tennesse 13. FATHER'S NAM 14 MOTHER'S MAIDEN NAME remov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 12. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service 0 burial, cremotion, 18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c). INTERVAL BETWEEN ONSET AND BEATH burial-transit PART I. DEATH WAS CAUSED BY signed by t IMMEDIATE CAUSE (a) I MELLARECE by the hospital or attending physicion. Canditions, if any, which gave rise to immediate cause (a), DUE TO prior to k stating the underlying cause this certificate has been detached for use as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION State Dept. of Health YES NO 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter native of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. While Not While factory, street, affice bldg., etc.) at wark O FUNERAL DIRECTOR: After at work 21. I certify that (1) (concommend attended the deceased from Mar. 27 , 19 66, to Mar. 30 , 19 66 that (1) (concommend the deceased from Mar. 27 , 19 66, to Mar. 30 , 19 66 that (1) (concommend the deceased from Mar. 27 , 19 66, to Mar. 30 , 19 66 that (1) (concommend the deceased from Mar. 27 , 19 66, to Mar. 30 , 19 66 that (1) (concommend the deceased from Mar. 27 , 19 66, to Mar. 30 , 19 66 that (1) (concommend the deceased from Mar. 27 , 19 6 Poge 4 moy be retained director, page 3 should should be filed with the saw the deceased alive on Mar. 30 19.66, and that death accurred at _____M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 3/30/66 M.O. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Richard I. Hochman, M.D. 59 Franklin St., Annapolis, Md. 23c. NAMP OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION LOCATION (City or Town) (County) (State) BUDIAL UNERAL OIRECTOR **ADORESS** 2Sa. REC'O BY REGISTRAR PSb. REGISTRAR'S, SIGNATURE

128843 Integral Spill fabrunk sena militar vote - and a large of the - and a large dieta Leta Interest Interest and Compact To ALCOHOLD ALCOHOLD 12, 1307 36 NURSE NURSE .S.J Co BOSPATHION Jake Patteeson 10 - 215 22 3472 JAMES WYORK #2 Byonie 4-1-16 Hillcrest HUNAPOLIS Mo.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03254 CERTIFICATE OF DEATH after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Refidence before admission) a. COUNT e. STATE b. COUNT MARYLAND b CITY OR TOWN (if outside corporate limits, write RUBAL and give rearest town) c. CITY OR TOWN-(If outside corporate limits/write RURAL and give nearest town) C. LENGTH OF STAY IN 1b bon papers. Page within 72 hours a 24 hours = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital. e. IS RESIDENCE give street address d. STREET-ADDRESS ON A FARM? NO. YES within etely carbon NAME OF Middle 4. DATE Month DECEASED event, DEATH (Type or print) 19 6 executed 6. COLOR OR RACE AGE An years | IF UNDER 1 YEAR | IF UNDER 24 HRS d cor DATE OF BIRTH MARRIED V NEVER MARRIED birthday) Months Days Hours WIDOWED DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT be COUNTRY? attending physical remit. Then please certificate FATHER'S NAME removal, MOTHER'S MAIDEN 15. WAS DEDEASED EVER IN U.S. ARMED FORCES?
(Yes, not or unknown) | (If yes give war or dates of service) 1Z- INFORMANT Address 16. GOCIAL SECURITY NO. the atten 0 death cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN I-transit requires that the ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: attending physician. been signed the burial-transor to burial, cra IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate as the prior to **BUE TO** cause (a), stating underlying cause last. NO WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate h for use Health PERFORMED? CATI NO F YES this cerum detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I (State) 2Dc. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While After at work p.m. 19 at work I FUNERAL DIRECTOR: Afficiently, page 3 should be should be filed with the St 21. I certify that (I) (this hospital) aftended the deceased from that (I) (we) last 46, and that death occurred at 10 30 M, from the causes and on the date stated above. saw the deceased alive of 228, SIGNATURE 22b. DATE SIGNED MED ATTENDING STAFF M.D. DIRECTOR HOSPITAL director, p 22C. PHYSICIAN'S 22d, ADDRESS NAME (Type) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

